C.L. "BUTCH" OTTER – Governor RICHARO M. ARMSTRONG – Oirector DEBRA RANSOM, R.N.,R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, ID 83720-0036 PHONE 208-334-6626 FAX 208-364-1888

CERTIFIED MAIL: 7007 0710 0002 7979 4008

May 21, 2010

Dallas Clinger P O Box 420 American Falls, ID 83211

RE: Harms Memorial Hospital, provider #131304

Dear Mr. Clinger:

Based on the survey completed at Harms Memorial Hospital, on May 5, 2010, by our staff, we have determined Harms Memorial Hospital, is out of compliance with the Medicare Hospital C240 - 42 CFR §485.627 - Organizational Structure; C270 - 42 CFR §485.635 - Provision of Services; C330 - 42 CFR §485.641 - Periodic Evaluation & QA Review. To participate as a provider of services in the Medicare Program, a hospital must meet all of the Conditions of Participation established by the Secretary of Health and Human Services.

The deficiencies, which caused these conditions to be unmet, substantially limit the capacity of Harms Memorial Hospital, to furnish services of an adequate level or quality. The deficiencies are described on the enclosed Statement of Deficiencies/Plan of Correction (CMS-2567). Enclosed, also, is a similar form describing State licensure deficiencies.

You have an opportunity to make corrections of those deficiencies which led to the finding of non-compliance with the Conditions of Participation referenced above by submitting a written Credible Allegation of Compliance/Plan of Correction.

#### An acceptable Plan of Correction contains the following elements:

- Action that will be taken to correct each specific deficiency cited;
- Description of how the actions will improve the processes that led to the deficiency cited;

Dallas Clinger May 21, 2010 Page 2 of 2

- The plan must include the procedure for implementing the acceptable plan of correction for each deficiency cited;
- A completion date for correction of each deficiency cited must be included;
- Monitoring and tracking procedures to ensure the POC is effective in bringing the hospital into compliance, and that the hospital remains in compliance with the regulatory requirements;
- The plan must include the title of the person responsible for implementing the acceptable plan of correction; and
- The administrator's signature and the date signed on page 1 of each form.

Such corrections must be achieved and compliance verified by this office, before June 18, 2010. To allow time for a revisit to verify corrections prior to that date, it is important that the completion dates on your Credible Allegation/Plan of Correction show compliance no later than June 11, 2010.

Please complete your Allegation of Compliance/Plans of Correction and submit to this office by June 2, 2010.

Failure to correct the deficiencies and achieve compliance will result in our recommending that CMS terminate your approval to participate in the Medicare Program. If you fail to notify us, we will assume you have not corrected.

We urge you to begin correction immediately.

If you have any questions regarding this letter or the enclosed reports, please contact me at (208) 334-6626.

Sincerely,

SYLVIA CRESWELL

Co-Supervisor

Non-Long Term Care

SC/sp

ec: Debra Ransom, R.N., R.H.I.T., Bureau Chief Kate Mitchell, CMS Region X Office

PRINTED: 05/21/2010 FORM APPROVED OMB NO. 0938-0391

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		131304	B. WI	NG_		05/0	5/2010
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C 000	The following defice complaint and Med your Critical Access unit. Surveyors consurvey were:  Patrick Hendrickson Susan Costa, RN, Gary Banister, RN, Gentral Service Don = Director of ED = Emergency EGD = Esophagog EMTALA = Emergency FNP = Family Nurse GI = Gastrointestin HIS = Health Inform ICU = Intensive Cally = Intravenous MAR = Medication MG = Milligrams OP = Outpatient DOT = Occupationa PI = Performance	iencies were cited during the licare recertification survey of s Hospital and the Swing bed inducting the recertification.  In, RN, HFS, Team Leader HFS HFS this report include:  ess Hospital utive Officer arses Assistant monary Resuscitation ce Nursing Department astroduodenoscopy tency Medical Treatment and Room se Practioner all mation Systems are Unit  Administration Record epartment in Therapy Improvement ce Improvement Projects rapy	C	000	FACI	CEIVE UN - 7 20° LITY STAND	D
LABORATOR	PRN = as needed QA = Quality Assu DIRECTORS OR PROV	1	NATURE		TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient projection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

CEO/ADMINISTRATOR

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	Continued From pa QI = Quality Indicat RN = Registered N SP = Sterile Proces TB = tuberculosis X = Times	ors urse ssing	C	A LANGUAGE PARTY			
C 154	Staff of the CAH ar	rIFICATION/REGIS e licensed, certified, or dance with applicable Federal,	C ′	154	C 154 485.608(d) PERSONNEL LICENSURE CERTIFICATION/REGIS		June10
	Based on review of interview, it was de verify staff were pro 3 of 20 facility staff providers reviewed staff were trained, I registered had the personnel working include:  1. The facility's pol reviewed. Policies staff were appropriacertified, or register Director of Human interview on 5/05/11 did not have such a Failure of the facility implement policies training as follows:  a. The CAH's Centidated or signed, staff was designed, staff were appropriately as a certified or signed, staff was designed.	s not met as evidenced by: staffing records and staff termined the CAH failed to operly licensed and trained for f and 3 of 3 contracted . Failure of the CAH to ensure icensed, certified, or potential to result in unqualified within the CAH. Findings  icies and procedures were related to ensuring contracted ately trained, licensed, red could not be found. The Resources verified during an 0 at 9:50 AM, that the facility a policy.  y to develop, approve and resulted in inadequate staff  tral Service Policy #6, not ated, "All equipment used at the cleaned/sterilized as			1. The CNA, ER/Endosc technician received training in level disinfection of equipmer GI clinic at Portneuf Medical 06/02/2010. The Endoscopy has developed a new log for the changing of the Cidex Plus who used in our facility for high led disinfection. The Cidex Plus who changed every 28 days as permanufacturer's instructions. The Endoscopy technician will Cidex Plus solution test strips using the Cidex Plus solution that the glutaral dehyde concertation, and the Cidex changed if the test strip indicates is not above the MEC even if been used for 28 days. The Endoscopy technician will log the results in the log book. Another perfimprovement project that will	the high of the Center on technician the hich is evel will be the In additional use the prior to to ensure notation is Plus will be the that it it has not indoscope of this testormance	n De

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C 154	During a tour of the 12:53 PM, it was not Plus to do high-level endoscopes. High-process that kills all According to Johns manufacturer of Cidisinfection is accereview of the packar Cidex Plus showed recommendations:  "The use period for solution is up to a ractivation or soone PLUS Solution Tested for a period provided the require concentration, pH, upon monitoring deuseTest the solution that the glutaraldeh MEC (minimum efform the In an interview 5/05 CNA, ER/Endoscopthe endoscopy clear who trained him tol comes out positive solution. No docur found.  The facility failed to appropriate use of	e GI Clinic on 5/05/10 starting of the that the CAH used Cidex el disinfection of its elevel disinfection is the I microbial organisms.  Son & Johnson, the dex Plus, "High-level ptable for GI endoscopes" A age insert on the bottle of	C 154	instituted will be to have the in the GI clinic cultured period between uses to monitor for largowth. This corrective action implemented 06/05/2010 and Director of Nursing for the have responsible to ensure communications.  2. Letters were sent to the staffing agencies currently be tharms Memorial Hospital Director of Region of the information of the agency files at HMHD. The agency orientation binder for Care Staff has been updated, week of May 24th, Alice Tay Care DON, inserviced the state use of agency staff at our soon as the information from agencies is received the files Resources department will be Until the files are complete, to Care Department will not utilificate and the files are complete, to Care Department will not utilificate and staffing agency.  Additionally, a new policing procedure was developed for "Utilization of Staffing Agent Personnel". (Please see attached the Medical Staff for approve the Board of Trustees for approve the Board of Trustees for approvent the Board of Trustees for approvent to the staff for approvent the Board of Trustees for approvent to the staff for approvent the Board of Trustees for approvent to the staff for approvent the Board of Trustees for approvent to the staff for approvent the Board of Trustees for approvent to the staff for approvent the Board of Trustees for approvent to the staff for approvent the Board of Trustees for approvent to the staff for approvent the Board of Trustees for approvent to the staff for approvent the Board of Trustees for approvent to the staff for approvent the Board of Trustees for approvent the Board of Trus	odically bacterial on will be I the ospital will pliance.  hree eing used by istrict eeded for he staffing the Acute During the lor, Acute aff regarding facility. As the in Human e updated. the Acute lize help  y and the ncy hment) This in July to al then to	

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C 154	Resterilization of Si Resterilization of Pron 1/17/08, stated a every load autoclave. The American Nationstated "Biological in routine sterilizer eff weekly, but prefera is in use." A biolog device used to more the autoclave. It composed to population of bacterindicator monitors the ensures that all the sterilization were process.  During a tour of the on 5/4/10 starting a instruments used for autoclaved.  The CAH's "ATTES System for Steam structure of the last 12/21/07. The CAH with each load that	tral Service Policy #3, Upplies, and Policy #12, acks and Trays, last reviewed an Attest was to be used with	C	154			
	conjunction with the facility could not en	e chemical indicators, the sure that the parameters ization were present.					A COMPANY AND A
	The DON was pres not know what an A	ent during the tour. She did Attest was.					
		at 9:25 AM, the CS erviewed. She stated that she					

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C 154	was trained 18 year instruments. Howe not performed auto stated she started he she stated she did or how to run one.  On 5/05/10 starting	rs ago on how to autoclave ever, she stated that she had claving for many years and her current CS job on 1/04/10. not know what an Attest was at 9:30 AM, the CS Director she stated she did not know	C ·	154			
		ensure staff were trained ological monitoring necessary control.					
	interview on 5/05/1 worked with numer all contracted personal the CAH. Three contractions from the condocumentation of li	Human Resources, in an 0 at 9:50 AM, stated the CAH ous contract agencies and not onnel had a personnel file with ontracts were reviewed. Ontracted personnel files were censure, CPR, orientation, TB on attendance, and job					
		the CAH had no individual cted personnel who had ty.					
C 240	were developed, and implemented to licensing, certification and contract staff.	ensure policies and procedures oproved by the Governing Body o ensure the appropriate on, and training of all facility	C:	240	C 240 485.627 ORGANIZATIONAL STRUCTURE:		11June10
	Organizational Stru This CONDITION	icture is not met as evidenced by:			Refer to C-241 as i     the board of trustee		

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C 240	staff interview, it was Body failed to ensumaintained an effe. This resulted in the quality health care potential to impact services at the CAI.  1. Refer to C-241 a Governing Body to and/or enforced pooperations.  2. Refer to C-270, Provision of Servic deficiencies as the Governing Body to appropriate care at 3. Refer to C-330, Periodic Evaluation Review and related they relate to failure.	f policies, patient records, and as determined the Governing are it had developed and ctive organizational structure. CAH's inability to ensure was provided and had the all patients seeking medical H. Findings include:  as it relates to the failure of the ensure it had implemented dicies governing the CAH's  Condition of Participation: es and related standard level by relate to the failure of the ensure patients received	C 2	240	of the new policies quarterly review of improvement comm  2. Refer to C-270 as it the board of trustee responsibility over of services  3. Refer to C-330 as it periodic evaluation assurance review.	quality nittee. t relates to 's provisions t relates to	
C 241	compromised the (		C 2	241	C 241 485.627(a)		
	that assumes full le determining, imple policies governing for ensuring that th	verning body or an individual egal responsibility for menting, and monitoring the CAH's total operation and ose policies are administered eality health care in a safe			#1 The business office for the facility has been in regarding the need to treat	L e manager -serviced	11June10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		PLE CONSTRUCTION  3		(X3) DATE SURVEY COMPLETED	
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C 241	Based on review of staff interview, it was Body failed to ensu developed, implem governing the CAH directly impacted 1 #5, #7, #10, #13, # #27, #30, #31 and the potential to implemedical services at CAH's inability to directly on the state of the state	s not met as evidenced by: policies, patient records, and as determined the Governing re it had sufficiently ented and/or enforced policies 's operations. This failure 8 of 39 patients (#1, #2, #4, 12, #14, #15, #20, #22, #26, #33 - #39) reviewed and had act all patients seeking the CAH. This resulted in the frect staff on how to provide in a safe environment.	C	241	complaints with regard to office or process as a form and to treat all such grieva according to the facility poto grievances. The busine manager will notify the quimprovement coordinator grievance and the grievance kept on the grievance log indicates the date, nature of grievance and the resolution grievance. This corrective implemented 06/01/2010 amonitored by the Director Improvement for compliant	al grievano nces olicy related ss office ality about the ce will be which of the on of the e action wa and will be of Quality	S	
	INVESTIGATION," "The Complaint/Gridate and nature of Patient #26 was a Greceived a colonos through a sigmoido 5/21/08. During a p5/04/10 at 8:30 AM had written a letter dated 2/05/10 and from the CEO/Adm The Complaint/Grid 5/04/10 at 3:00 PM	dated 3/22/05, documented, devance Log will indicate the final resolution."  64-year-old female who copy (examination of the colon escope or a colonoscope) on chone interview, conducted on Patient #26 stated that she of grievance to the CAH, received a written response inistrator, dated 3/05/10.  evance log was reviewed on Review of grievances dated cumented no evidence of		WARES CONTRACTOR CONTR	was written for the "Utiliz Staffing Agency Personne outlines the necessary pap certifications that must be staffing agency personnel Harms Memorial. Letters the three staffing agencies being used by Harms Mer Hospital District requestir information needed for the at HMHD. The staffing obinder for the Acute Care been updated to include a orientation and in-service All hospital staff was in-s	ation of el", which erwork and on file for to work at were sent currently norial eg e agency fi rientation staff has ll necessary documents erviced	to	

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C 241	In an interview condimprovement Coorshe stated she had #26's grievance.  The CEO/Administ conducted 5/04/10 information was mit Complaint/Grievandher concern.  The Governing Bootfollowed its establist policy.  2. The facility's policies staff were approprise certified, or register Director of Human interview on 5/05/1 did not have such a worked with numer all contracted personal to the CAH. Three conditions of the CAH is the CAH is the condition of the CAH failed to ever developed, and implemented to licensing, certification and contract staff.  3. Review of the Contract of the CAH is th	ducted with the Quality dinator on 5/04/10 at 3:15 PM, no information on Patient rator confirmed in an interview at 3:25 PM, that Patient #26's	C2	241	o5/25/2010 and 05/28/2010 corrective action will be of 06/18/2010 and will be measure compliance.  #3 All charts are currefor completeness. The chart shaden updated to include to ensure a fully complete form is in the chart for all are transferred. The result audit will be given to the review on a weekly basis, the quarterly QI meeting, presented quarterly to the board. All hospital nursing been in-serviced on the negatient transferred to have form, and the need for the filled out completely. The action will be completed 2010 and it will be the resultant of the outpatient department completed on May 29, 20 manual includes a policy medication administration includes antibiotic infusion outpatients receiving medication administration includes antibiotic infusion outpatients and the process and the proc	ently audite art audit too de checking transfer patients whats of the DON for presented a and governing ag staff has eed for each e a transfer form to be is corrective on June 1, sponsibility aplement this edure manufect was 10. The for a that on rates for	d l of s

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C 241	policy stated the "C to be completed. In records documents #30, and #31 were documentation of to the Complete or not put to the CAH failed to were transferred to documentation as were transferred to documentation as were transferred to documentation as 4. The facility's En 10/01/09 to 4/01/10 documented the Coutpatients visits.  On 5/03/10 starting was interviewed. So volume of non-emeconsidered as output that policies and produced ped for an ocal CAH. The failure to were developed, in resulted in the pote care as follows:  a. The CAH did not for antibiotic infusion receiving medication.  Patient #20's 12/2 he received Cubicing and completed at 20.	consent for Transfer" form was dowever, review of patient and Patients #1, #2, #7, #10, transferred without complete ransfer orders.  If at 9:20 AM, the CAH DON She confirmed the patients' fer" forms were either present in the patients' records.  If an	C		policy for the use of infusito be used with PICC lines vascular access devices, at the monitoring of outpatier complications following the administration of IV antibipolicy for the changing of dressings and the manager PICC line complications, a outpatient patient education that details when outpatier are to be taken, a policy for outpatients with isolation and a policy for the outpat department to maintain a sof patients seen in the outpat department. All hospital sin-serviced regarding the mand procedure manual, and changes noted above.  #5 The emergency crash of the facility have had locked them and the policy has be to include keeping the crash coked at all times when mand the facility will have med monitoring done two times for the emergency crash of the emergency c	and other policy for nts for ne lotics, a PICC line ment of a policy for n, a policy nt vital sign or caring for caring for caring for carte logostient staff has be new policy d the lot in the carts in sinstalled of the lot in use. It is the carts lot in use. It is the lot in date lot in date lot in date lot in date lot in the	s r ; en

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C 241	recommended the minutes). Addition 12/29/09, Patient # started at 8:30 AM AM, after an infusion On 5/05/10 starting interviewed. She staff did not follow recommendation.  The facility failed to staff in antibiotic intimplemented and not be "Percutaneous an intravenous cathes usually in the arm, just outside of the linto a much larger used for long term follow specific guid those special IV at PICC becoming blow the complemented and other vascular - Patient #20 was a MRSA infection. Poutpatient on a daif from 11/06/09 to 12 right forearm PICC AM, a nursing note infused by "gravity" According to Lippir According to Lippir	antibiotic be infused over 30 ally, a nursing note on 20's Cubicin administration and was completed at 8:55 on of 25 minutes.  at 9:20 AM, the DON was tated she was unaware the the 30 minute infusion  ensure policies to guide the fusion rates were developed, monitored.  Inserted Central Catheter" is neeter inserted in a small vein, and then advanced to a point neart for drug administration vessel. PICC lines are often antibiotic usage. The failure to elines for the management of cess devices could result in a bocked, dislodged, or damaged.  ave a written policy for the use to be used with PICC lines access devices.  and 81-year-old male who had a attent #20 was seen as an y basis for IV antibiotic therapy 2/30/09. Patient #20 had a.  On 11/09/09, timed at 7:28 documented the antibiotic was	C 24	medication cabinet and medication cabinet. The monitoring tool will list medications, the require the medication, and the of the medication and the opened medication. Nu use the tool to audit all two times monthly rememedications are labeled medications are in the companion of the results will be monitoring and to the government companion and the government companion of the results will be presequality improvement companion and to the government of the results will be presequality improvement companion and to the government of the results will be presequality improvement companion and the government of the results will be presequally improvement of the results will be presequally improvement of the government of the govern	the necessary ed number of expiration date ne labeling of ursing staff will medications oving expired opened and the correct amount. onitored by the cordinator and ented at the ommittee erning board  -serviced on the art to ensure en are er from the vill be audited in reconciliation" that all ere given. The tal staff was ne corrective 6/2010. This

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AND PLAN C	F CORRECTION	IDENTIFICATION NOMBER;	A. BUIL	.DING	<u> </u>	COMPLE	''-
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	ROVIDER OR SUPPLIER	ıL		51	EET ADDRESS, CITY, STATE, ZIP CODE 10 ROOSEVELT STREET MERICAN FALLS, ID 83211		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF! TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
C 241	On 5/05/10 starting interviewed, she staff infused me She was unable to PICC infusion man:  The CAH failed to e procedures for outpressed of the monitoring of after receiving IV a potential of patients thorough assessmenthe medications given a required IV antibiot abscess. He was saffer the medication. Patient #27 was a required IV antibiot abscess. He was saffer the days immedia had completed. Reference was a medicated one, or a delay in evaluation of toleral patient #20 was a MRSA infection. Poutpatient visits for #20's nursing notes were reviewed. Not documented his disafter the completion	at 9:20 AM, the DON was ated she was unaware of how edications through PICCs. produce a policy regarding agement and patient care.  establish written policy and patient care of patients with cices such as a PICC.  It have an established policy of outpatients for complications intibiotics. This had the seeing discharged without a cent of the patients' response to even.  46-year-old male, who ic treatment for a throat seen as an outpatient on	C 2	41	the Director of Nursing for for compliance.  #7 The facilities medica administration policy has be to include that PRN medicated be assessed for effectiver medication administration reall patients has been update a designated area to docume effectiveness of the PRN medication given. (See attached). All hoursing staff has been in-see regarding the change in pollupdated medication administration administration records. Alice Taylor, DON responsible for ensuring consistent of the responsible for ensuring consistent review. The corrective were implemented on June #8 The facilities policy procedure regarding restrain updated to include the fact rails are considered a restraints are considered a restraints are requirements for the restraints includes the use of (See attached). All hospitatin-serviced regarding the medication and of the policy was implemented 2010. This corrective measurements for the restraints includes the use of the policy was implemented 2010. This corrective measurements for the restraints includes the use of the policy was implemented 2010. This corrective measurements for the policy was implemented 2010. This corrective measurements for the policy was implemented 2010. This corrective measurements for the policy was implemented 2010. This corrective measurements for the policy was implemented 2010. This corrective measurements for the policy was implemented 2010.	ation een update ations need ness. The record for d to include ent the nedication hospital reviced icy and the stration N will be mpliance h direct we measure 1 2010.  and nts was that side aint and the use of of side rail d staff was ew policy 5/28/2010. ed June 1,	de de s.

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		131304	B. WII	NG_		05/0	5/2010
	ROVIDER OR SUPPLIER	iL	STREET ADDRESS, CITY, STATE, ZIP CODE 510 ROOSEVELT STREET AMERICAN FALLS, ID 83211				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUND CROSS-REFERENCED TO THE APPRINTED TO THE APPRINTED PROVIDER (PROSS-REFERENCE)	JLD BE	(X5) COMPLETION DATE
C 241	On 5/04/10 at 11:49 Director was intervistandard of practice antibiotics, to be he completion of the acomplications. The signs. The CAH's chave a policy to direpractice.  The CAH failed to emonitoring of outparantibiotic therapy.  d. The CAH did not for PICC dressing of PICC complications a consistent and detent PICC dressing patient infection rat catheter, and variat absence of the polithe potential of staf PICCs to not recog	ge 11  5 AM, the CAH's Medical ewed. He stated it was a e for any patient that received ald for 15 minutes after nitibiotics to assess for at assessment included vital outpatient department did not ect staff in this standard of establish a policy for the tients that had received thave an established policy changes, or management of a The failure of staff to follow etailed process for changing had the potential for increased es, dislodgement of the ions in staff technique. The cy for PICC complications had for caring for patients with nize when the catheter was perly. Examples include:	C	241	monitored by Alice Taylor, ensure compliance.  #9 The Central Supply was trained at Portneuf Medon May 26, 2010 in the prosterilization of instruments. Attest biological indicators ordered and implementation use will be started on 06//24 All unlabeled, undated equipment will be labeled and dated concevent related needs. This caction will be complete by 2010. This corrective action monitored by the Director of Improvement for continued compliance.	techniciandical Centiper New were n of their 010. ipment wi quisition of toring sterilized orrectly fororective June 11, on will be of Quality	er Il of
	Edition states, "Dre performed 24 hours weekly." Lippincott determine placeme necessary for all de subclavian vein or s	of Nursing Practice Eighth ssing change should be after insertion and then further advises, "An X-ray to nt of central catheter [PICC] is evices that deliver fluid into the superior vena cava."		Andrew W. Fr	#10 All unlabeled and usupplies previously package central supply will be re-pasterilized and labeled after begins using the attest system 06/03/2010. All sterilized equil have labeling that includes	ed by ckaged, the facility em on quipment udes a	
	right forearm PICC, dated 11/08/09, (ur	n 81-year-old male who had a In an outpatient nursing note timed), noted Patient #20's changed. The note stated the			sterilizer load number, and when they were autoclaved sterilizer loads will be ente book in the Sterile Process	l. All red in a lo	g

131304 B. WING	05/05/2010
NAME OF PROVIDER OR SUPPLIER  HARMS MEMORIAL HOSPITAL  STREET ADDRESS, CITY, STATE, ZIP CODE  510 ROOSEVELT STREET  AMERICAN FALLS, ID 83211	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATION DEFICIENCY)	(X5) COMPLETION DATE
C 241  PICC had pulled out to approximately 20 cm, which is approximately 8 inches. The PICC insertion site was in the right forearm, and 8 inches would not ensure that the PICC was in proper placement as a central line. There was no indication that an x-ray was done to confirm placement, or if the physician was notified regarding the PICC position change. Patient #20's record did not indicate where the placement of the PICC was initially.  In a nursing note dated 11/09/09, (untimed), Patient #20 required lab work drawn, and the nurse was unable to draw blood from the PICC line, but was able to flush the line and administer the antibiotic. Inability to draw back blood from a PICC can indicate improper placement.  On 5/05/10 starting at 9:20 AM, the DON was interviewed, she was unable to produce a policy or guidelines for the outpatient department staff to follow relating to PICC treatments. The DON re-confirmed there were no outpatient policies that included IV therapy and PICC line management.  The CAH failed to establish written policies and procedures for the management of outpatients with PICC line complications.  The CAH did not have an outpatient policy related to patient education had the potential to result in the patient not recognizing complications or side effects from therapy administered by the CAH outpatient department. Examples include:  Patient #27 was a 46-year-old male, who required IV antibiotic treatment for a throat	of eted r for ted a will s for se or ge ad  ad the ho ho ed by

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		LE CONSTRUCTION	(X3) DATE SU COMPLE	
			A. BUI				
	_	131304	B. WIN	IG		05/05	5/2010
	PROVIDER OR SUPPLIER  MEMORIAL HOSPITA	NL .		51	EET ADDRESS, CITY, STATE, ZIP CODE 0 ROOSEVELT STREET WERICAN FALLS, ID 83211		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
C 241	abscess. He was selected and 4/13/1 administration. The education regarding serious side effects colitis (in which the inflamed and ulcerabloody diarrhea, above the inflamed and ulcerable and inflamed and infla	seen as an outpatient on 0 for the antibiotic ere was no indication of patient g the medication and potential which included fatal ulcerative large intestine becomes ated, leading to episodes of adominal cramps, and fever).  In 81-year-old male who had a atient #20 required many IV antibiotic therapy. Review raing notes did not indicate was provided regarding areas autions, side effects of SA precautions.  In at 9:20 AM, the DON was as unable to say if patient yided routinely to outpatients. It outpatient policies to direct ent educational needs were thave an outpatient vital signs were corded. This had the potential re to monitor and assess the therapy provided by the clude:  In 81-year-old male who had a latient #20 required many IV antibiotic therapy. Review that the visits from 12/09/09 - aillure to record discharge vital	C	241	that all evaluations and treat provided by the physical the department need to have documentation of the treatment patient file within 48 hours time the service was provided department is currently performance improvement ensure that all documentation chart in the designated time police was completed 05/10 the quality improvement provided and the policy instited 05/24/2010 and will be ongoing Physical Therapist, Tom Suresponsible to ensure that the maintains compliance with correction.  The Swingbed admit form has been changed to its section that a provider may Physical Therapy, Occupated Therapy or Speech evaluated therapy. Also included on form is a section that has been for the nurse to "Initial who or complete". The purpose changes to the form are to easier for providers and nuexactly what was ordered a clear to anyone viewing the the evaluation or the therapy.	nent in the from the ed. The forming a project to on is on the color of the facility the desired a check for ional ion or the new een added of the make it urses to see and to make chart tha	e d e e

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUIL	JLTIPLE CONSTRUCTION  DING	(X3) DATE SURVEY COMPLETED
		131304	B. WING	3	05/05/2010
	PROVIDER OR SUPPLIER	L	,	STREET ADDRESS, CITY, STATE, ZIP COD 510 ROOSEVELT STREET AMERICAN FALLS, ID 83211	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE COMPLÉTION
C 241	interviewed, and very providing outpatient with taking and recompleting other do outpatient vital sign such.  g. The CAH did not caring for outpatient vital sign such.  g. The CAH did not caring for outpatient The lack of a policy outpatients with hig diseases had the patients, and visitor illness. Examples in Patient # 20 was a MRSA, requiring IV 11/06/09 to 12/30/09 Patient #20 did not were taken.  On 5/05/10 starting interviewed. She vibeing treated for Miprecautions the star #20, she stated the placed by the room verify if the staff util precautions and star had used any extra was discharged with had been in.	rbalized concern that the staff to care had not been consistent ording of vital signs as well as ocumentation.  Idevelop a policy for taking of a sand the documentation of the taken a written policy for the with isolation precautions. For the management of hly contagious communicable otential to expose staff, as to otherwise preventable.	C 24	fact ordered. The occupate department has begun a dimprovement project to a they receive any orders for therapy within 24 hou being given. This correct will be complete June 11 will be monitored by Ali DON, through the use of reviews.	quality monitor that for evaluation ars of the order stive action and active Taylor,

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) M A. BUI		IPLE CONSTRUCTION	(X3) DATE SU COMPLE	
		131304	B. WIN	1G _		05/0	5/2010
	ROVIDER OR SUPPLIER	L		5	REET ADDRESS, CITY, STATE, ZIP CODE 110 ROOSEVELT STREET AMERICAN FALLS, ID 83211		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION OATE
C 241	procedures to defin management of out ability to separate or patient status had to the staff and ancilla Further, it prevented of quality indicators outcome. Example - Patient #5 was a 2 seen in the ED on 7 the ED log with a new as an outpatient. medical record doc the FNP, each date reports were both to Report and the fact type as "ER". The well as the ER Provided as the	thave written policies and e and guide the staff in the spatient care. This lack of sutpatient from emergency he potential for confusion in any services providing care. If the CAH from identification for improving patient is include:  28-year-old male who was 2/26/09. He was entered into cotation of "OP" indicating he Review of Patient #5's umented two dictated notes by id 7/26/09. The dictated thed "Emergency Room e sheet described the patient Emergency Room Record as rider Order and cord were present in the sion Agreement" was signed 25/09.  at 9:20 AM, the DON was rated Patient #5 was seen as 26/09 to follow up with lab work lay. The DON confirmed there services signed by Patient #5, e 7/26/09 visit in the medical stated the facility practice was	C	241			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION  IG	COMPLE	
		131304	B. WIN	1G _		05/0	5/2010
	ROVIDER OR SUPPLIER	L	,	5	REET ADDRESS, CITY, STATE, ZIP CODE 110 ROOSEVELT STREET AMERICAN FALLS, ID 83211		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
C 241	Continued From pa	nge 16	C	241			
		ensure that written policies and patient services were zed.					
	titled, "Emergency and not signed by t personnel is respon two times monthly stock levels." The to personnel when found. The facility sufficiently develop	CAH's policies & procedure Crash Carts," was not dated he governing body. "Nursing hisble to check the crash cart for outdates and appropriate policy did not provide direction outdated medication was failed to ensure the policy was ed and implemented to ensure re removed from the crash cart					
	conducted. The El hallway in a high tra and staff. The doo	PM, a tour of the ED was D unit was located off a main affic area for patients, visitors, rs of the two ED rooms were ns were unattended.					
	to the open door. Medications were in Bicarbonate, Epine solutions of Dextro medications were a personnel, patients the crash cart was	against the wall in clear vision The crash cart was unlocked. In the drawer such as, Sodium phrine, Atropine and IV IS and Normal Saline. These accessible to unauthorized IS, and visitors. In a carrier on an oxygen tank, with the indicating the tank needed to					
	storage shelves wa Lactated Ringers th	Emergency Room, on the as an IV solution, (1) liter bag of the ast expired 3/10 and Silver container, open, that expired					

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SU COMPLE	
		131304	B. WIN	1G _		05/0	5/2010
	ROVIDER OR SUPPLIER	NL		5	REET ADDRESS, CITY, STATE, ZIP CODE 10 ROOSEVELT STREET AMERICAN FALLS, ID 83211		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
C 241	On 5/03/10 starting interviewed. She vaccessible crash croxygen tank. The lis unattended the resurveillance which nursing station.  Additionally, the "Edid not include infoof crash cart medic was found docume be locked. The lace	at 4:00 PM, an ED nurse was derified the findings of open and part, expired drugs, empty ED nurse stated when the ED dooms are under camera are monitored at the main emergency Crash Carts," policy remation regarding the locking stations and no additional policy enting that crash carts should like of policy was confirmed erview on 5/12/10 at 10:45 AM,		241			
	with the pharmacy The CAH failed to for practice and policies medications.  6. The facility's polywritten on the physic received, the name						
	However, the patie include physician of administered, as were ordered and real and r	nts' medical records did not orders for all drugs which were ell as, occasions where drugs not given. Examples include:  a 53-year-old male who was 4/30/10 for lower back pain.					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		PLE CONSTRUCTION	(X3) DATE SU COMPLE	
		131304	B. WII	1G		05/0	5/2010
	ROVIDER OR SUPPLIER	L	•	5	EET ADDRESS, CITY, STATE, ZIP CODE  10 ROOSEVELT STREET  MERICAN FALLS, ID 83211		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
C 241	Record, dated 4/30 mg (a medication to and improved flow was no documente received Flomax as contained a nursing was given Zofran 4 nausea). However was found in Patier On 5/05/10 starting interviewed. She was found not experient #2 had received DON could not experient #4 was a inadvertently taken was seen in the ED Patient #4's medicanicotine patch was There was no evidenicotine Patch.  On 5/05/10 starting interviewed. She reflect #4 and verified the nicotine patch.  c. Patient #10 was seen in the ED on complications and Record, dated 1/19 Patient #10 received antibiotic used as a was the result of ar	der and Documentation 1/10, but untimed, Flomax 0.4 hat relaxed smooth muscle of urine), was ordered. There d evidence that Patient #2 sordered. The ER Record g note entry that Patient #2 mg (medication to suppress no order for the medication ht #2's record.  at 9:20 AM, the DON was was unable to determine if eived the dose of Flomax. The blain why Patient #2 received without an order.  a 27-year-old female, who had the wrong medication, and on 7/20/09. Review of al record documented a administered at 4:08 PM. ence of a written order for the  at 9:20 AM the DON was eviewed the record for Patient absence of an order for the  a 26-year-old female who was 1/19/10 for pregnancy cramping. The Emergency 1/10 at 7:15 PM, documented a Ampicillin 1 gram IV (an a precaution if pre-term labor in infection), and approximately There was no written orders	C	241			

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

PRINTED: 05/21/2010 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

AND PLAN C	F CORRECTION	IDENTIFICATION NUMBER:	A. BUI	LDING		COMPLE	IED
		131304	B, WIN	IG_		05/0	5/2010
	ROVIDER OR SUPPLIER MEMORIAL HOSPITA	L		51	EET ADDRESS, CITY, STATE, ZIP CODE 10 ROOSEVELT STREET MERICAN FALLS, ID 83211		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
C 241	Continued From pa	ge 19	C 2	241			
	interviewed. She re #10, and was unab Ampicillin and IV flut. d. Patient #22 was seen in the ED on Review of Patient #Record documente 12:25 and 12:40, P 50% (1) ampule, G (medications used blood sugar), and N There were no writt provided.  On 5/05/10 starting interviewed. She wheen administered The CAH failed to eadministration of m 7. The facility's Methat was not dated approved by the good that PRN medication effectiveness and to Without consistent would not be able to physician the effect and treatments, whas follows:  a. Patient #15 was on 4/21/10 for general sign and symptom	for the rapid treatment of low Jormal Saline (IV) 400 ml. en orders for the medications at 9:20 AM the DON was erified the medications had without a written order.  ensure that the policy for edications was followed.  dication Administration policy, and not documented as being verning body, did not identify ons needed to be assessed for a document the assessment. documentation, the facility of assess and report to the diveness of the medications ich directly impacted patients  an 83-year-old male admitted eralized ataxia (a neurological consisting of gross lack of					
	coordination of mus	scle movements) and probable					

(X2) MULTIPLE CONSTRUCTION

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	
		131304	B. WIN	NG_		05/0	5/2010
	PROVIDER OR SUPPLIER	L	•		TREET ADDRESS, CITY, STATE, ZIP CODE 510 ROOSEVELT STREET AMERICAN FALLS, ID 83211		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
C 241	stroke. His MAR dareviewed and documedication for anxi 10 times. However documentation of the medications and tree Additionally, Patient nursing note dated "Ativan given x 2 the only documented the 4/24/10 at 10:00 PM dated 4/25/10 from AM, stated Ativan vishift. However, Pat documented that Additionally at 10:00 PM When asked during 2:30 PM, the DON documentation and medications and tree documented.  b. Patient #14 was on 4/29/10 for contifracture. Her MAR reviewed and documented.  b. Patient #14 was on 4/29/10 for contifracture. Her MAR reviewed and documented.  The DON confirmed record did not contain documental medications.  The DON confirmed record did not contain defectiveness of PR c. Patient #13 was a contain the properties of the p	ated 4/24 - 5/03/10, were mented he received Ativan (a ety) for agitation no less than r, his record did not contain he effectiveness of the eatments.  It #15's record included a 4/24/10 at 2:10 AM stated has Air Ativan was given once on M. A second nursing note 6:00 PM to 4/26/10 at 6:00 was given twice during the tient #15's MAR only tivan was given once on M.  If an interview on 5/03/10 at confirmed the lack of stated the effectiveness of the eatments should be  a 95-year-old female admitted nued care following a hip dated 4/29 - 5/03/10, was mented she received prn rn Ativan twice, and prn ever, her record did not tion of the effectiveness of the did on 5/03/10 at 2:30 PM, the ain information regarding the	C	241			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		IPLE CONSTRUCTION	(X3) DATE SU COMPLE	
		131304	B. WIN			0.7/0	-10040
NAME OF E	ROVIDER OR SUPPLIER	131304		QTE	REET ADDRESS, CITY, STATE, ZIP CODE	05/0	5/2010
	MEMORIAL HOSPITA	L.		5	AMERICAN FALLS, ID 83211		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPROPRIES OF T	ULD BE	(X5) COMPLETION DATE
C 241	reviewed and docu Avitan 6 times and However, her record documentation of th medications.  The DON confirme record did not conta effectiveness of PR d. Patient #12 was admitted to the CAI after a total knee st 3/09/10, was review received prn Percorecord did not conta effectiveness of the The DON confirme record did not conta effectiveness of PR The CAH failed to a accurate comprehe medications admin information regardi medications.  8. The CAH's Resi documented as bei Body, defined a phy that restricts the free Patient #14 was a \$ 4/29/10 for continue fracture. Patient #1 confused and often	dated 4/05 - 4/20/10, was mented she received prn prn Hydrocodone 8 times. Individual did not contain the effectiveness of the do on 5/03/10 at 2:30 PM, the ain information regarding the RN medications.  a 71-year-old female who was H on 2/26/10 for post care surgery. Her MAR dated 2/26 - wed and documented she had cet 29 times. However, her ain documentation of the emedications.  d on 5/03/10 at 2:32 PM, the ain information regarding the	C 2	241			
	4/29/10 for continue fracture. Patient #7 confused and often	ed care following a hip 14 was observed to be tried to get out of bed. A					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION  G	COMPLE	
		131304	B. WIN	1G _		05/0	5/2010
	PROVIDER OR SUPPLIER  MEMORIAL HOSPITA	L		5	REET ADDRESS, CITY, STATE, ZIP CODE 10 ROOSEVELT STREET AMERICAN FALLS, ID 83211		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
C 241	4:45 AM. On 5/03/was observed in be On 5/03/10 at 3:05 asked why all four I that Patient #14 hat helped keep her in was a restraint and down.  However the facility identify 4 bed rails a failed to ensure the sufficiently develop  9. The CAH's Cent Resterilization of Str. Resterilization of Str. Resterilization of Particular of Str. Resterilization of Particular of Str. Resterilization of Str. Resterilization of Particular of Str. Resterilization of Str. Resterilization of Particular of Particular of Str. Resterilization of Particular of Particula	had fallen out of the bed at 10 at 3:00 PM, Patient #14 ed with all four bed rails up.  PM, Patient #14's LPN was bed rails were up. She stated de Alzheimers and the side rails bed. She acknowledged this put 2 of the four bed rails  It's Restraint policy failed to as a restraint. The facility Restraint policy was ed.  It al Service Policy #3, upplies, and Policy #12, acks and Trays, last reviewed an Attest was to be used with red. This policy was not is include:  It Biological Monitoring Sterilization" log sheets, at time an Attest was run was all did use a chemical indicator was autoclaved. However, weekly biological indicators, in a chemical indicators, the sure that the parameters ization were present.	C	241			

NAME OF PROVIDER OR SUPPLIER  HARMS MEMORIAL HOSPITAL  (X4) 1D PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  C 241 Continued From page 23 instruments. However, she stated that she had not preformed autoclaving for many years and stated she started her current CS job on 1/04/10. She stated she did not know what an Attest was nor how to run one.  On 5/05/10 starting at 9:30 AM, the CS Director was interviewed. She stated she did not know what an Attest was for.	AND PLAN OF CORRE		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION  NG	(X3) DATE SU COMPLE	
NAME OF PROVIDER OR SUPPLIER  HARMS MEMORIAL HOSPITAL  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  C 241  C 241  C 241  C 241  C 351 ROOSEVELT STREET  AMERICAN FALLS, ID 83211  D PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE DEFICIENCY)  C 241  C 351 ROOSEVELT STREET  AMERICAN FALLS, ID 83211  C 245  C 246  C 247  C 247  C 247  C 241			131304	B. WIN	1G _		05/0	5/2010
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instruments. However, she stated that she had not preformed autoclaving for many years and stated she started her current CS job on 1/04/10. She stated she did not know what an Attest was nor how to run one.  On 5/05/10 starting at 9:30 AM, the CS Director was interviewed. She stated she did not know	PRÉFIX (EA	CH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL	OULD BE	COMPLETION
The facility failed to ensure the Central Service Policy #3, Resterilization of Supplies, and Policy #12, Resterilization of Packs and Trays, was implemented.  10. The CAH's Central Service Policy #1, Objectives of Central Services will maintain an accurate record of the various processes of cleaning, disinfecting, and sterilization."  During a tour of the CAH's Sterile Processing unit on 5/04/10 starting at 2:43 PM, and the ED on 5/04/10 starting at 3:00 PM, it was noted that more than 100 instruments, such as clamps, scissors and tweezers, that were autoclaved did not have a sterilizer load number, or a date written on the package as to when they were autoclaved. Additionally, the Sterile Processing unit did not have a log book that contained sterilizer load number, dates or contents of autoclaved instruments. This was confirmed by the DON during the observations. This had the potential to effect the CAH's ability to recall suspected contaminated equipment and pull outdated stock.  The CAH's Central Service Policy #9, Expiration Dates, last reviewed on 1/17/08 stated, "Dates	instrument prestated She stated She stated She stated She stated She stated on the state of the	nents. Howelest autous formed autous she started lated she did w to run one 5/10 starting terviewed. So a Attest was cility failed to #3, Resterilization nented.  The CAH's Ce to record of 19, disinfecting at 100 instruments are a sterilize on the pack aved. Additional to effect the record of 19, disinfecting at 100 instruments and tweez on the pack aved. Additional to effect the record instruments are load numbered instruments and the stock.  The Central autous formed and the stock.  The Central autous formed autous formed autour of the pack are load numbered instruments and the stock.  The Central autous formed autous form	ever, she stated that she had oclaving for many years and her current CS job on 1/04/10. The not know what an Attest was at 9:30 AM, the CS Director she stated she did not know for.  The ensure the Central Service exation of Supplies, and Policy of Packs and Trays, was an attention of Supplies, and Policy of Packs and Trays, was attention of Services will maintain an the various processes of an and sterilization."  The CAH's Sterile Processing unit at 2:43 PM, and the ED on 3:00 PM, it was noted that ruments, such as clamps, ters, that were autoclaved did ar load number, or a date age as to when they were conally, the Sterile Processing log book that contained over, dates or contents of ents. This was confirmed by a observations. This had the he CAH's ability to recall mated equipment and pull Service Policy #9, Expiration	C	241			

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. Bui		TIPLE CONSTRUCTION  NG	(X3) DATE SI COMPLE	
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C 241	will be marked in in package side which the package." Add Service Policy #8, materials, last revision following:  "Autoclave tape, mis to be placed on a "Single wrapped it greater than one m" Double wrapped have a shelf life of "Items wrapped in no greater than six "All outdated items area on day of exp.  The facility failed to 11. The CAH's Ru Medical Staff (Bi-Lidischarge summar concerning medical findings, pertinent the treatments including course, condition of instructions and treimplemented as for a patient #12 was a admitted to the CA after a total knee son 3/10/10.	indelible ink and placed on h will face the person opening litionally, The CAH's Central Shelf life of packaged ewed on 1/17/08, stated the earted with the expiration date autoclaved packages." ems will have a shelf life of no north." packs, basins and linens will no greater than three months." plastic will have a shelf life of months." so will be removed from service iration and returned to CS." o ensure policies were followed. les and Regulations of the aws), dated 09/06 stated, a y should contain brief notations all complaint, history, physical lab and radiology findings, and complications, hospital and discharge and follow-up eatment. The Bi-Laws were not	C	241			
	written on the record had the address ar	rd's inpatient face sheet that nd the billing information for lischarge summary did not					

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SURPLIER/CLIA

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		131304	B. WIN	1G _		05/0	5/2010
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C 241	and radiology findir complications, hos discharge.  On 5/04/10 at 2:45 was interviewed. Since the summar documentation was physician.  The facility failed to were implemented.  12. The HIS direct starting at 1:30 PM not have a policy in when their evaluation to be recorded in the resulted in patient's incomplete as follous and 1/29/10 for conting fracture. Patient #1/29/10 for conting times a week at 4/29/10. Patient #1/29/10. Patient #1/20/3/10. The record evidence that PT head been providing Additionally, the record evidence that OT head of the continuous patient #1/20/3/10 at 2:17 clinic to see if they treating Patient #1/20/3/10 at 2:17 clinic to see if they treating Patient #1/20/3/10 at 2:17 clinic to see if they treating Patient #1/40/3/10 at 2:17 clini	rsical findings, pertinent labings, treatments including pital course, or condition on PM, the CAH's HIS manager the reviewed Patient #12's y and stated that the lack of stypical for Patient #12's ensure discharge procedures or was interviewed on 5/04/10. She stated that the CAH did place to direct staff as to ons and progress notes were ne patient's record. This is medical records being	C 2	241			
	Therapist did not "t	urn in his evaluations and					

CENTER	AS FOR MEDICARE	A MIEDICAID SERVICES				OND NO.	0930-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION  G	(X3) DATE SU COMPLE	
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C 241	notes." She further received the order that was why it was a on 4/21/10 for genesign and symptom coordination of mustroke. Patient #15 seven times a weel reviewed on 5/03/1 documented evider Patient #14 or had times a week.  On 5/03/10 starting interviewed. She sevent in the reviewed on 5/03/10 starting interviewed. She sevent in the reviewed in the reviewed of the sevent in the reviewed in the reviewed of she had worked with week but could not that anyone had produced in the could not t	stated that OT had not to evaluate Patient #14 and	C 2	241			
C 267	485.631(c)(2)(i) PA SPEC RESPONSIE The physician assis clinical nurse speci	stant, nurse practitioner, or alist performs the following	C 2	267	C 267 485.631(c)(2)(i) PA, NP & CLINICAL NU SPEC RESPONSIBILITI	ES	11June10
		ent they are not being ctor of medicine or osteopathy:			All patients who are transfe have their charts audited fo		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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C 267	provides services in policies.  This STANDARD is Based on staff interecords and hospital the hospital failed the established policies patients for addition directly impacted 6 #10, #30, and #31) facilities whose ED had the potential to transfer to another follow policy had the miscommunication from each facility at to the patients' heat to the patients' heat to the process for the policy stated the "County to be completed. Frecords documented a. Patient #1 was a brought to the ED of Patient #1 complain him to harm his pedated 4/29/10 and referral facility was transfer. However, include information or the name of an according to the patient was transfer.	s not met as evidenced by: rview, review of medical al policies, it was determined be ensure staff followed be related to the transfer of hal medical care. This failure of 10 patients (#1, #2, #7, requiring transfer to other records were reviewed and impact all patients requiring a facility. The failure of staff to be potential to contribute to between healthcare workers and potential negative impacts lth. Findings include:  AH's policy and procedures, CY," dated 4/01/05, detailed transfer of patients. The consent for Transfer" form was slowever, review of patient	C	267	inclusion of a complete transfor chart audit tool was up include monitoring the transfor completeness. All hosp was in-serviced between 5/5/28/2010 regarding when form is to be used and how form out completely. This action will be completed 0. This corrective action will monitored by chart audits to presented quarterly to the 1. Improvement Committee a governing board.	odated to nsfer form pital staff /25/2010 to the transfer to fill the corrective 6/01/2010, be that will be Quality	T	

	FOF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:	A. BUI		G	COMPLETED	
		131304	B. WIN	IG		05/0	5/2010
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C 267	evaluation. On the RECORD, under 'checked, with the The last nursing e "Father, Mother, p instructed to go quelay." The record for Transfer" form On 5/05/10 startin was interviewed. Transfer" form wa record, and there acceptance by the physician.  b. Patient #2 was presented to the Epain. The physician.  b. Patient #2 was presented to the Epain. The physician "Transfer Consent for "Transfer Consent the areas to be filliphysician, as well left empty. On the "Physician Assess referring physician but not the facility.  On 5/05/10 startin was interviewed. Transfer" form for were not complete nurse was responsipaperwork.	to a behavioral health unit for a EMERGENCY ROOM 'Discharge" the box "other" was name of the referral facility. ntry, timed 4:45 PM, stated: atient agree to admission, uickly to (the referral facility), not d did not contain the "Consent of did not contain the "Consent of some present in Patient #1's was no evidence of a notice of a facility or of an accepting  a 53-year-old male, who and a sign of provided care for Patient ansfer to a receiving facility. Transfer form," section III, "was signed by Patient #2, but end in with the accepting as the name of the facility, were a reverse side of the form, titled ament and Certification" the listed the accepting physician,	C2	267			
	arrived via ambula	ince in active labor on 9/13/09.					

_ ,	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		G	COMPLE	
		131304	B. WIN	IG_		05/0	5/2010
	PROVIDER OR SUPPLIER	L	,	5	REET ADDRESS, CITY, STATE, ZIP CODE 10 ROOSEVELT STREET AMERICAN FALLS, ID 83211		
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C 267	The physician foundilated, with the bal physician and nurse and traveled with P The medical record "Consent for Trans On 5/05/10 starting was interviewed. S Transfer" form was never left the ambud. Patient #10 was 19 weeks pregnant cramping, abdomin The dictated note becare for Patient #10 accepting physiciar transferred to. The was signed by Patifilled in with the accomame of the facility On 5/05/10 starting was interviewed. S Transfer" form for I were not complete.  e. Patient #30 was quickly, and without baby (Patient #30 was facility for newborn "Consent for Trans #30 and the "Consein the record of Patient #30 and the "Consein the record of Patient Patient #30 and the "Consein the record of Patient #30 and #3 facility for patient #30 and the "Consein the record of Patient #30 and #3 facility for patient #30 and #3 facility for patient #30 and #3 facility for patient #30 and the "Consein the record of Patient #30 and #3 facility for patien	d Patient #7 to be completely by's head presenting. The ethen got into the ambulance atient #7 to the referral facility. I of Patient #7 did not contain a fer."  at 9:20 AM, the CAH DON the confirmed the "Consent for not completed, as Patient #7 diance.  a 26-year-old female who was and presented to the ED with all pain and vaginal bleeding. By the physician who provided the stated the name of the entity and facility she would be a "Consent for Transfer" form ent #10, but the areas to be be exprised by the entity.  at 9:20 AM, the CAH DON the confirmed the "Consent for Patient #10 had areas that at a 40-year-old female who at assistance delivered her in the CAH parking lot in a way to the ED on 9/19/09. I were transported to a referral and postpartum care. The fer" was not signed by Patient ent for Transfer" form was not	C	267			

	OF CORRECTION	IDENTIFICATION NUMBER:	A, BUI		G	COMPLE		
		131304	B. WI	NG		05/05	5/2010	
	PROVIDER OR SUPPLIER	<b>L</b>		STREET ADDRESS, CITY, STATE, ZIP CODE 510 ROOSEVELT STREET AMERICAN FALLS, ID 83211				
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C 267	Transfer form for Frecord. The DON: responsible for contemporal to the CAH failed to were transferred to documentation as 485.635 PROVISION Provision of Service This CONDITION Based on review or records, and staff it CAH failed to ensure developed, implementations and organized and	she confirmed the Consent for latient #31 was not in the stated the ED nurse was appleting the paperwork.  ensure that all patients who other facilities had appropriate defined in the written policy. ON OF SERVICES  es  is not met as evidenced by: If policies, medical patient interview, it was determined the re systemic practices were ented, and monitored for all care at the facility. This failure interview which were not defined impeded the ability of the CAH		267	C 270 485.635 PROVISIONS OF SER  1. Refer to C-271 as the establishment of written policies procedures related services.	it relates to by the CA and		
	include:  1. Refer to C-271 CAH to establish we related to OP serving.  2. Refer to C-281 CAH to define output demonstrate integrate procedures, oversing quality management.  3. Refer to C-276 CAH to follow estate management of metallicity.	as it relates the failure of the atient services and ation of policies and ght of infection control, and nt.  as it relates to the failure of the olished standards of practice in			<ol> <li>Refer to C-281 as the CAH defining services, demonstr integration of policy procedures, and ovinfection control at management.</li> <li>Refer to C-276 as the CAH following standards of practimanagement of me</li> </ol>	outpatient rating cies and rersight of nd quality it relates to g establishe ce in the		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL		E CONSTRUCTION	(X3) DATE SU COMPLE	
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C 270	compromised the C provide safe and qu 485.635(a)(1) PATI The CAH's health caccordance with apare consistent with  This STANDARD is Based on staff interrecords and CAH procedures related policies for outpaties of 5 patients (#5, #2 records were review impact all patients in This had the potent of patient care. Fin 1. The facility's Em 10/01/09 to 4/01/10 documented the CA outpatients visits.  On 5/03/10 starting was interviewed. So volume of non-eme considered as output that policies and prodeveloped for an outpatients of the CA outpatients are considered as output at policies and prodeveloped for an outpatients of the CA outpatients are considered as output at policies and prodeveloped for an outpatients of the CA outpatients are considered as output at policies and prodeveloped for an outpatients.	AH's ability to effectively allity care. ENT CARE POLICIES  are services are furnished in appropriate written policies that applicable State law.  Is not met as evidenced by: view, and review of medical olicies, it was determined the alish written policies and to OP services. The lack of ant services directly impacted 3 20 and #27) whose outpatient wed and had the potential to receiving outpatient services. ial to compromise the quality dings include:  I regency Department Log from a was reviewed and AH had 289 non-ED  at 2:30 PM, the CAH DON he stated the CAH had a large orgency patients that she attents. However, she stated occodures had not been utpatient department within the	C 2		A policy and proc specific to the outpatient of has been completed. The procedure manual contain antibiotic infusion rates, at the use of infusion device with PICC lines and other access devices, a policy for monitoring of outpatients complications after receiv antibiotics, a policy for Pidressing changes and the of PICC complications, a policy for patient teaching that details how and when vital signs are to be taken recorded, and a written procaring for outpatients with	edure manu department policy and is a policy for es to be used a vascular for the for wing ICC line management a outpatient g, a policy in outpatient and olicy for	or i
	were developed, im resulted in the pote care as follows:  a. The CAH did no	t have an established policy n rates for outpatients			precautions.  The outpatient poprocedure manual was constituted for the procedure of the pr	mpleted taff were in w policy an	d

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		NG	COMPLE	
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C 271	receiving medication the delivery of antibresulting in the potential of the potential of the delivery of antibresulting in the potential of th	ons. This had the potential for piotics over varying times, ential for untoward side effects.  In 81-year-old male who had (Methicillin-resistant reus is a bacterial infection ant to some antibiotics). In a (23/09, it was documented tic) was given to Patient #20 at appleted at 12:30 PM. This was ang 2010 Drug Handbook antibiotic be infused over 30.  In 12/29/09, Patient #20's tion started at 8:30 AM and 8:55 AM, after an infusion of 25.  In at 9:20 AM, the DON was tated she was unaware the the 30 minute infusion.	C 2	271	and 5/28/2010. The director for the hospital will be respupdating and maintaining the outpatient policy and process manual.	onsible for he	_

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
C 271	of infusion devices and other vascular  - Patient #20 was a MRSA infection. Proutpatient on a dail from 11/06/09 to 12 right forearm PICC AM, a nursing note infused by "gravity"  According to Lippin Practice Eighth Ediflushing will keep the Condition of the staff infused means the staff infused means the staff infused means the condition of the monitoring of the monitoring of the monitoring of the monitoring of the medications given and the medications given and the medications given and the medication. Patient #27 was a required IV antibiot abscess. He was selected was selected to the medication. Patient #27 was a required IV antibiot abscess. He was selected the medication. Patient #27 was a required IV antibiot abscess. He was selected the medication. Patient #27 was a required IV antibiot abscess. He was selected the was selected the medication. Patient #27 was a required IV antibiot abscess. He was selected the was selecte	ave a written policy for the use to be used with PICC lines access devices.  In 81-year-old male who had a atient #20 was seen as an y basis for IV antibiotic therapy 2/30/09. Patient #20 had a . On 11/09/09, timed at 7:28 documented the antibiotic was flow.  cott Manual of Nursing tion, "Positive pressure (pump) ne PICC from clotting."  at 9:20 AM, the DON was ated she was unaware of how edications through PICCs. produce a policy regarding agement and patient care.  establish written policy and patient care of patients with rices such as a PICC.  It have an established policy of outpatients for complications intibiotics. This had the seen discharged without a cent of the patients' response to be ren.  A 46-year-old male, who ic treatment for a throat seen as an outpatient on	C	271			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	L	5	REET ADDRESS, CITY, STATE, ZIP COD 10 ROOSEVELT STREET MERICAN FALLS, ID 83211	E	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
C 271	#27 did not indicate done, or a delay in evaluation of tolera  - Patient #20 was a MRSA infection. Poutpatient visits for #20's nursing notes reflect his immedia completion of the afor the evaluation of medication as follow 11/06/09: Patient # at 7:55 AM. Patien AM, 5 minutes afte 11/07/09: antibiotic #20 was discharge 0n 11/10/09: antibiotic #20 was discharge On 11/10/09: antibiotic #20 was discharge On 11/11/09: antibiotic #20 was discharge On 12/17/09: antibiotic Patient #20 was discharge On 12/17/09: antibiotic Patie	eview of the records for Patient edischarge vital signs were his discharge to allow note to the medication given.  In 81-year-old male who had a atient #20 required many IV antibiotic therapy. Patient is from the following dates the discharge after the antibiotic and no time provided of his response to the ws:  20's antibiotics was completed at #20 was discharged at 8:00 r completed at 7:45 AM, Patient dat 7:45 AM.  completed at 7:50 AM, Patient	C 271			

(X1) PROVIDER/SUPPLIER/CLIA

PRINTED: 05/21/2010 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	IULTIPI LDING	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		131304	B. WII	NG		05/0	05/2010	
	PROVIDER OR SUPPLIER	AL.		510	ET ADDRESS, CITY, STATE, ZIP O ROOSEVELT STREET MERICAN FALLS, ID 83211			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
C 271	On 12/24/09: antib Patient #20 was di Minutes after component of the patient #20 was di minutes after component minutes after	iotic completed at 12:30 PM, scharged at 12:30 PM. iotic completed at 11:35 AM, scharged at 11:40 AM, 5 pletion of the medication. iotic completed at 10:05 AM, scharged at 10:10 AM, 5 pletion of the medication. iotic completed at 9:20 AM, scharged at 9:25 AM, 5 pletion of the medication. iotic completed at 10:32 AM, scharged at 9:25 AM, 5 pletion of the medication. iotic completed at 10:32 AM, scharged at 10:32 AM, scharged at 9:40 AM, scharged at 9:40 AM.  5 AM, the CAH's Medical iewed. He stated it was a refor any patient that received all for 15 minutes after antibiotics to assess for at assessment included vital outpatient department did not rect staff in this standard of restablish a policy for the attents that had received of thave an established policy changes, or management of	C	271				

(X2) MULTIPLE CONSTRUCTION

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION  G	(X3) DATE SU COMPLE	
		131304	B. WI	1G _		05/0	5/2010
	PROVIDER OR SUPPLIER	L		5	REET ADDRESS, CITY, STATE, ZIP CODE 10 ROOSEVELT STREET AMERICAN FALLS, ID 83211		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
C 271	a consistent and de the PICC dressing patient infection rat catheter, and variat absence of the polithe potential of staf PICCs to not recognot functioning proportion of the potential of staf PICCs to not recognot functioning proportion of the PICC dated 11/08/09, (ur PICC dressing was PICC had pulled out which is approximatin insertion site was in inches would not en proper placement a indication that an explacement, or if the regarding the PICC #20's record did not of the PICC was initing. In a nursing note did Patient #20 require nurse was unable to the antibiotic. Inab	stalled process for changing had the potential for increased es, dislodgement of the ions in staff technique. The cy for PICC complications had for caring for patients with nize when the catheter was berly. Examples include:  If Nursing Practice Eighth ssing change should be after insertion and then further advises, "An X-ray to not of central catheter [PICC] is exices that deliver fluid into the superior vena cava."  In 81-year-old male who had a In an outpatient nursing note of itimed), noted Patient #20's changed. The note stated the int to approximately 20 cm, tely 8 inches. The PICC in the right forearm, and 8 insure that the PICC was in a central line. There was noted the physician was notified position change. Patient to indicate where the placement	C	271			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	LE CONSTRUCTION	(X3) DATE S COMPLE	
		131304	B. WING		05/0	5/2010
	ROVIDER OR SUPPLIER	L	51	EET ADDRESS, CITY, STATE, ZIP CO 0 ROOSEVELT STREET MERICAN FALLS, ID 83211		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
C 271	interviewed, she was or guidelines for the follow relating to PI re-confirmed there that included IV the management.  The CAH failed to e procedures for the with PICC line come.  The CAH did not related to patient education patient not recognize effects from therapoutpatient departm.  Patient #27 was a required IV antibiot abscess. He was selected in which the inflamed and ulcerabloody diarrhea, absence in the patient #20 was a MRSA infection. Poutpatient visits for of Patient #20's nur patient education was a patient education ed	at 9:20 AM, the DON was as unable to produce a policy of outpatient department staff to CC treatments. The DON were no outpatient policies and management of outpatients plications.  The lack of a policy and the potential to result in zing complications or side y administered by the CAH ent. Examples include:  A 46-year-old male, who ic treatment for a throat seen as an outpatient on 0 for the antibiotic ere was no indication of patient g the medication and potential s which included fatal ulcerative large intestine becomes ated, leading to episodes of adominal cramps, and fever).  In 81-year-old male who had a latient #20 required many IV antibiotic therapy. Review raing notes did not indicate was provided regarding areas autions, side effects of	C 271			

	FOF DEFICIENCIES OF CORRECTION	iDENTIFICATION NUMBER:	A. BUI		IG	COMPLE	
		131304	B. WIN	1G _		05/0	5/2010
	PROVIDER OR SUPPLIER	AL		5	REET ADDRESS, CITY, STATE, ZIP CODI 110 ROOSEVELT STREET AMERICAN FALLS, ID 83211		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
C 271	On 5/05/10 starting interviewed, she we education was prosent staff regarding patinot developed.  f. The CAH did not detailed how and we to be taken and retoresult in the failupatient response to CAH. Examples in Patient #20 was a MRSA infection. Foutpatient visits for of Patient #20's our record discharge with 12/21/09, no disch 12/21/09, no disch 12/25/09, no disch 12/26/09, no disch 12/27/09, Vital sign were not timed. The was blank.  12/28/09, no disch 12/30/09, no disch 12/30/09	at 9:20 AM, the DON was as unable to say if patient vided routinely to outpatients. It outpatient policies to direct ent educational needs were that the outpatient vital signs were corded. This had the potential are to monitor and assess to the therapy provided by the include:  an 81-year-old male who had a reatient #20 required many at IV antibiotic therapy. Review that the training as follows:  arge vital signs were noted. The provided signs were noted with signs were noted. The provided signs were noted with signs were noted. The provided signs were noted with signs were noted. The provided signs were noted with signs were noted. The provided signs were noted with signs were noted. The provided signs were noted with signs were noted. The provided signs were noted with signs were noted. The provided signs were noted with signs were noted with signs were noted. The provided signs were noted with signs were noted with signs were noted. The provided signs were noted with signs were noted with signs were noted. The provided signs were noted with signs we	C	271			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) DATE SUF COMPLET				
		131304	B. WIN	IG _		05/0	5/2010
	PROVIDER OR SUPPLIER	L		5	REET ADDRESS, CITY, STATE, ZIP COD 10 ROOSEVELT STREET MERICAN FALLS, ID 83211	E	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AL DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
C 271	g. The CAH did no caring for outpatient. The lack of a policy outpatients with hig diseases had the propertients, and visitor illness. Examples in Patient # 20 was a MRSA, requiring IV 11/06/09 to 12/30/00 Patient #20 did not were taken.  On 5/05/10 starting interviewed. She will be being treated for MI precautions the star #20, she stated the placed by the room verify if the staff util precautions and star had used any extra was discharged when a discharged with had been in.  The CAH failed to commanagement of out requirements.  h. The CAH did no procedures to defin management of out ability to separate of patient status had to continue to the patient status had the carries of the carri	t have a written policy for ts with isolation precautions. for the management of hly contagious communicable otential to expose staff, to otherwise preventable	C 2	271			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION	(X3) DATE SU COMPLE	
		131304	B. WI	1G _		05/0	5/2010
	ROVIDER OR SUPPLIER MEMORIAL HOSPITA	L		5	REET ADDRESS, CITY, STATE, ZIP CODE 110 ROOSEVELT STREET AMERICAN FALLS, ID 83211		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION OATE
C 271	Further, it prevente of quality indicators outcome. Example  - Patient #5 was a a seen in the ED on a the ED log with a new was an outpatient. medical record doc the FNP, each date reports were both til Report" and the fact type as "ER". The well as the ER Prov. Documentation Record. The "Admis by Patient #5 on 7/2 On 5/05/10 starting interviewed. She sian outpatient on 7/2 done the previous of was no consent for or face sheet for the record. The DON sto put each patient Emergency Room I separate Outpatien are seen, and therefor the managemer reviewed the "Admir Patient #5, and was no was no was no consent for or face sheet for the record. The DON sto put each patient Emergency Room I separate Outpatien are seen, and therefor the managemer reviewed the "Admir Patient #5, and was seen was no was no was no consent for the managemer for the managemer for the managemer reviewed the "Admir Patient #5, and was seen was no was no was no consent for the managemer for the managemer for the managemer for the managemer reviewed the "Admir Patient #5, and was seen was no was	d the CAH from identification for improving patient is include:  28-year-old male who was 7/26/09. He was entered into otation of "OP" indicating he Review of Patient #5's umented two dictated notes by id 7/26/09. The dictated itled "Emergency Room is sheet described the patient Emergency Room Record as rider Order and cord were present in the ssion Agreement" was signed	C	271			
C 276	procedures for outp	ensure that written policies and patient services were zed. ATIENT CARE POLICIES	C	276	C 276 485 635(a)(3)(iv)		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		PLE CONSTRUCTION  G	(X3) DATE SI COMPLE	
		131304	B. WI	NG _		05/0	5/2010
	ROVIDER OR SUPPLIER	L	•	5	REET ADDRESS, CITY, STATE, ZIP CODE 10 ROOSEVELT STREET MERICAN FALLS, ID 83211		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
C 276	administration of drules must provide area that is administration accepted profession accurate records and disposition of all solutidated, mislabeled drugs are not available drugs are not available. This STANDARD is Based of patient review of facility pole determined that the established standard management of meestablished standard the potential for unamedications and poput dated drugs. First 1. Idaho Board of E27.01.01.254.01.03 drugs shall be store pharmacy in design ensure proper sanifus ventilation, moisture security. (7-1-93)"	e the following:]  e, handling, dispensation, and ugs and biologicals. These that there is a drug storage stered in accordance with nal principles, that current and re kept of the receipt and heduled drugs, and that ed, or otherwise unusable able for patient use.  s not met as evidenced by: cord review, staff interview and licy and procedures, it was a CAH failed to follow rds of practice and policies in edications. The failure to follow rds of practice and policies had authorized accessibility to essible administration of indings include:	C	276	Staff will ensure that medication is removed from stock by doing medication of the hospital medication cab refrigerator, the ICU and EF and the ICU medication cab audit will be done two times including the name of the drug to be made the floor, whether the medical date, and whether the medical been labeled. The central stand will do an audit 2 times more medication related stock the expiration dates including be limited to: IV fluids, dressis bandages, irrigation solution audit form for non medical includes the name of the stonumber to be kept on the flowhether the stock is in date forms will be turned into the Nursing for the hospital two monthly. This process will implemented by 06/11/2010 corrective action will be more the Director of Nursing for	t expired the floor monitoring inet and crash cart inets. An smonthly rug, the aintained or cation has upply clerk othly of the at have out not ngs, ns etc. The related stoo ock, the cor, and . Audit e Director of times be 0. This conitored by	s, k
	a. On 5/03/10 start ICU was conducted	ing at 1:16 PM, a tour of the l. The ICU was located off a					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION  G	COMPLE	
		131304	B. WIN	IG		05/0	5/2010
	ROVIDER OR SUPPLIER	L		5	REET ADDRESS, CITY, STATE, ZIP CODE 10 ROOSEVELT STREET MERICAN FALLS, ID 83211		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
C 276	main hallway and distation. The door to crash cart was in classical to the medication car station. In the top of containing six Darve 2/10.  The crash cart, located, was unlocked mid 5% Dextrose intexpired on 5/01/10 1:10000 that expired to 5/01/10 1:10000 that expired to 5/03/10 at 2:10000 that expired to 5/03/10 at 2:10000 that expired to main the conducted. The Elihallway in a high train and staff. The doo open, and the room. The crash cart was to the open door. Medications were in Bicarbonate, Epine solutions of Dextromedications were a personnel, patients the crash cart was indicator on empty, be replaced.  Additionally, in the storage shelves was Lactated Ringers the Nitrate sticks, one of 5/07.	irectly in view of the nursing of the ICU was open and the ear view of the open door.  It was located in the nurses drawer was a plastic packet ocet N 100 tablets that expired ated to the right of an occupied. The cart contained one 1000 ravenous solution that had and a box of Epinephrine	C	276			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A, BUII		PLE CONSTRUCTION  G	(X3) DATE SU COMPLE	
		131304	B. WIN	IG_		05/0	5/2010
	ROVIDER OR SUPPLIER	L		5	REET ADDRESS, CITY, STATE, ZIP CODE 10 ROOSEVELT STREET AMERICAN FALLS, ID 83211		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
C 276	accessible crash ca oxygen tank. The lis unattended the ro surveillance which a nursing station.	ge 43 erified the findings of open and art, expired drugs, empty ED nurse stated when the ED coms are under camera are monitored at the main  H's policies & procedure titled,	C 2	276			
	"Emergency Crash signed by the gover personnel is respontwo times monthly f stock levels." The to personnel when found. The facility sufficiently developed	Carts," was not dated and not rning body. "Nursing asible to check the crash cart for outdates and appropriate policy did not provide direction outdated medication was failed to ensure the policy was ed and implemented to ensure the removed from the crash					
	did not include infor of crash cart medic was found docume be locked. The lac during a phone on the pharmacy technicia	mergency Crash Carts," policy mation regarding the locking ations and no additional policy nting that crash carts should k of policy was confirmed 5/12/10 at 10:45 AM, with the on					
C 281	practice and policie medications.	s in management of	C 2	281	C 281 485.635(b)(1)		
3 201	General The CAH services, those diag services and suppli furnished in a physientry point into the such as a low inten	staff furnishes, as direct gnostic and therapeutic es that are commonly cian's office or at another health care delivery system, sity hospital outpatient rgency department. These	0.2	.01	DIRECT SERVICES  Harm's Memorial Howard has a dedicated outpatient deposite with its own policy and process manual (see attached), and a second for outpatients. The policy and process manual temporary are second to the policy and a second temporary are second to the policy and a second temporary are second to the policy and a second temporary are second to the policy a	partment, edure separate le	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		131304	B. WIN	IG		05/0!	5/2010	
	ROVIDER OR SUPPLIER	L.		51	EET ADDRESS, CITY, STATE, ZIP CODE 10 ROOSEVELT STREET MERICAN FALLS, ID 83211	,		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPLICATION DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
C 281	examination, specifically beauty and to medical conditions.  This STANDARD is Based on staff intercaped control and site. Failure of the differentiated departments of the differentiated departments and details.  1. On 5/03/10 at 30 interviewed. She putitled "Emergency Fames and details She explained that were listed in the log on the page if the perferency patient.  The DON was not a policies, procedure information defining a separate department quality indicators, por record audits for 2. The facility's Em 10/01/09 to 4/01/10 documented the Coutpatients visits.	ande medical history, physical men collection, assessment of reatment for a variety of some not met as evidenced by: Eview, it was determined the expectation that the expectation of a separate of the expectation of a separate of the potential ety and outcome. Findings some notice of patients had the potential ety and outcome. Findings some notice of patients seen in the ED all patients seen in the ED all patients seen in the ED grovided, and it was noted expectation of the provide outpatient or able to provide outpatient or the ent. She stated there were not rocess improvements, PIPS, the outpatient department.	C	281	procedure manual contains pantibiotic infusion rates, infuto be used with PICC lines at vascular access devices, morpatients for complications affinfusion of antibiotics, PICC dressing changes and the material piccomplication, for patients of the material piccomplication, for patients with isolation procedure and recorded, and outpatients with isolation procedure manual was completed on 05 and all hospital staff was integrading it between 05/25/205/28/2010. The Director of the hospital will be responsi maintaining and updating the policy and procedure manual corrective action to the policy for the administration medications is followed is to medication reconciliation are chart audit that is currently of 100% of Emergency Depart Outpatient Department charmedication reconciliation to all medications ordered with medications given and note discrepancies. Any and all will be brought to the attent nurse who either failed to for	sion device and other nitoring of the IV. I line an agement ient tal signs and the care of ecautions. Focedure 5/15/2010 serviced 2010 and f Nursing f ble for e outpatier all as needed ensure that attion of the add a rea to the done for a ment and ts. The sol will list in all any discrepancion of the	es  of  e  of  t  d.	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION  3	(X3) DATE SU COMPLE	
		131304	B. WIN	IG		05/0	5/2010
	PROVIDER OR SUPPLIER  MEMORIAL HOSPITA	L		51	EET ADDRESS, CITY, STATE, ZIP CODE 10 ROOSEVELT STREET MERICAN FALLS, ID 83211		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
C 281	was interviewed. So volume of non-emeronsidered as outpout that policies and prodeveloped for an orange of CAH. The failure to were developed, impresulted in the potenciare as follows:  a. The CAH did not for antibiotic infusion receiving medication—Patient #20's 12/2 he received Cubicinand completed at 1 minutes. (Nursing recommended the minutes). Additiona 12/29/09, Patient #3 started at 8:30 AM AM, after an infusion on 5/05/10 starting interviewed. She sistaff did not follow the recommendation.  The facility failed to staff in antibiotic infilimplemented and musually in the arm, a just outside of the hinto a much larger with the staff of the product of th	he stated the CAH had a large argency patients that she atients. However, she stated occdures had not been atpatient department within the ocensure appropriate policies uplemented and monitored intial to compromise patient.  It have an established policy in rates for outpatients ins.  3/09 nursing note documented in (an antibiotic) at 12:05 PM, 2:30 PM. This was 25 2010 Drug Handbook antibiotic be infused over 30 ally, a nursing note on 20's Cubicin administration and was completed at 8:55 in of 25 minutes.  at 9:20 AM, the DON was tated she was unaware the he 30 minute infusion  ensure policies to guide the usion rates were developed,	C		order or who failed to documented. An incident report with out for all missed medications missed documentation. Myr McDonnell, pharmacy technobe responsible for doing the and will present a written representing the rate of error to Improvement Committee and Governing Board quarterly, it will be to ensure that staff hospital are complying with medication administration points are complying with medication administration policy has be to indentify that PRN medicated to be assessed for effectivenest the effectiveness needs to be documented. The Medication Administration Record for the and Swingbed patients has be to include a section for the documentation of the effectivenest hospital staff was in-serviced this change to the policy and between 05/25/2010 and 05/25/2010 and 05/25/2010 and it will be responsibility of the Director for the hospital to ensure conwith the undated policy.	ll be filled as and a ician, will chart audits port the Quality of the Whose duty at the olicy.  Ition the en updated ations need ess, and that the he Hospital been updated weness of ched). All d regarding to the MA (28/2010, implemented the of Nursin of Nursin ician)	d AR

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION  NG	COMPLE	
		131304	B. WIN	1G _		05/0	5/2010
	PROVIDER OR SUPPLIER	L _			REET ADDRESS, CITY, STATE, ZIP CODE 510 ROOSEVELT STREET AMERICAN FALLS, ID 83211		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION OATE
C 281	those special IV ac PICC becoming block of infusion devices and other vascular - Patient #20 was a MRSA infection. Proutpatient on a dail from 11/06/09 to 12 right forearm PICC AM, a nursing note infused by "gravity"  According to Lippin Practice Eighth Ediflushing will keep the Con 5/05/10 starting interviewed, she staff infused me She was unable to PICC infusion manual. The CAH failed to eprocedures for outposedures for outposedures for outposedure access device. The CAH did not for the monitoring of after receiving IV and potential of patients thorough assessment the medications given.	elines for the management of cess devices could result in a coked, dislodged, or damaged.  ave a written policy for the use to be used with PICC lines access devices.  In 81-year-old male who had a atient #20 was seen as an y basis for IV antibiotic therapy 2/30/09. Patient #20 had a On 11/09/09, timed at 7:28 documented the antibiotic was flow.  Cott Manual of Nursing tion, "Positive pressure (pump) are PICC from clotting."  at 9:20 AM, the DON was ated she was unaware of how edications through PICCs. produce a policy regarding agement and patient care.  Establish written policy and patient care of patients with ices such as a PICC.  It have an established policy of outpatients for complications intibiotics. This had the sent of the patients' response to	C 2	281			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					
		131304	B. WIN	IG		05/0	5/2010
	PROVIDER OR SUPPLIER	ıL	·	510	ET ADDRESS, CITY, STATE, ZIP COE D ROOSEVELT STREET MERICAN FALLS, ID 83211	E	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
C 281	4/12/10 and 4/13/10 administration. Path both days immedian had completed. Reference with the second path and completed and to the second path and the second path and the second path and the ploc dressing of the second path and the ploc dressing of the ploc dressing of ploc dressing dre	seen as an outpatient on	C	281			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING  B. WING  STREET ADDRESS, CITY, STATE, ZIP CODE 510 ROOSEVELT STREET  AMERICAN FALLS, ID 83211  DEFICIENCIES ECCEDED BY FULL NG INFORMATION)  PREFIX TAG  TAG  TAG  TO MP  PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  C 281  To technique. The C complications had patients with The catheter was		(X3) DATE SURVEY COMPLETED		
		131304	B. WII	1G		05/0	5/2010
	ROVIDER OR SUPPLIER	ıL	•	51	0 ROOSEVELT STREET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	PREF		(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API	IOULD BE	(X5) COMPLETION DATE
C 281	absence of the polithe potential of staf PICCs to not recognot functioning properties of the polithe potential of staf PICCs to not recognot functioning proper formed 24 hours weekly." Lippincott determine placemenecessary for all desubclavian vein or subclavian vein or subclavi	cions in staff technique. The cy for PICC complications had a f caring for patients with nize when the catheter was berly. Examples include:  If Nursing Practice Eighth ssing change should be a after insertion and then further advises, "An X-ray to not of central catheter [PICC] is evices that deliver fluid into the superior vena cava."  In 81-year-old male who had a in an outpatient nursing note attimed), noted Patient #20's changed. The note stated the latto approximately 20 cm, tely 8 inches. The PICC in the right forearm, and 8 in sa central line. There was noted a contral line. There was noted a physician was notified a position change. Patient tindicate where the placement	C	281			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU	LTIPLE CONSTRUCTION	(X3) DATE S COMPL	
	131304	B. WING		- 05/	05/2010
NAME OF PROVIDER OR SUPPLIES			STREET ADDRESS, CITY, STATE, ZIP		73/2010
HARMS MEMORIAL HOSPIT	AL		510 ROOSEVELT STREET AMERICAN FALLS, ID 8321	1	
PREFIX (EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
re-confirmed ther that included IV the management.  The CAH failed to procedures for the with PICC line concedures for the with PICC line concedures for patient educat patients not recognished for patient departments.  Patient #27 was required IV antible abscess. He was 4/12/10 and 4/13/10 and 4/13/10 administration. The education regards serious side effect colitis (in which the inflamed and ulce bloody diarrhea, and an	PICC treatments. The DON e were no outpatient policies derapy and PICC line  e establish written policies and e management of outpatients implications.  The lack of a policy teaching. The lack of a policy ton had the potential to result in inizing complications or side py administered by the CAH ment. Examples include:  a 46-year-old male, who obtic treatment for a throat the seen as an outpatient on for the antibiotic there was no indication of patient ing the medication and potential ts which included fatal ulcerative the large intestine becomes trated, leading to episodes of sibdominal cramps, and fever).  an 81-year-old male who had a Patient #20 required many or IV antibiotic therapy. Review for IV antibiotic therapy. Review	C 28			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			COMPLETED	
		131304	B. WI	NG_		05/0	5/2010
	ROVIDER OR SUPPLIER	L			REET ADDRESS, CITY, STATE, ZIP CODE 510 ROOSEVELT STREET AMERICAN FALLS, ID 83211		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
C 281	not developed.  f. The CAH did not detailed how and w to be taken and rector result in the failur patient response to CAH. Examples in Patient #20 was a MRSA infection. Proutpatient visits for of Patient #20's out 12/30/09 showed fasigns on no less that On 5/05/10 starting interviewed, and very providing outpatient with taking and recompleting other documpatient vital sign such.  g. The CAH did not carring for outpatient vital sign such.  g. The CAH did not carring for outpatient vital sign such.  g. The CAH did not carring for outpatient with hig diseases had the popatients, and visitor illness. Examples in Patient # 20 was a MRSA, requiring IV 11/06/09 to 12/30/0	have an outpatient policy that hen outpatient vital signs were orded. This had the potential re to monitor and assess the therapy provided by the clude:  In 81-year-old male who had a atient #20 required many IV antibiotic therapy. Review patient visits from 12/09/09 - ullure to record discharge vital an 9 occasions.  In at 9:20 AM, the DON was realized concern that the staff it care had not been consistent ording of vital signs as well as occumentation.  It wellop a policy for taking of its and the documentation of the with isolation precautions. For the management of the contagious communicable obtential to expose staff, is to otherwise preventable	C				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		131304	B. WII	NG		05/0	5/2010
,	ROVIDER OR SUPPLIER	L		5	REET ADDRESS, CITY, STATE, ZIP CODE 10 ROOSEVELT STREET AMERICAN FALLS, ID 83211		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
C 281	interviewed. She vibeing treated for M precautions the sta #20, she stated the placed by the room verify if the staff util precautions and stahad used any extra was discharged which had been in.  The CAH failed to commanagement of our requirements.  h. The CAH did no procedures to defining management of our requirements.  h. The CAH did no procedures to defining management of our ability to separate of patient status had the staff and ancillate Further, it prevente of quality indicators outcome. Example - Patient #5 was a seen in the ED on the ED log with a new was an outpatient. The medical record doctors were both the Report and the fact type as "ER". The well as the ER Province.	at 9:20 AM, the DON was erified that Patient #20 was RSA. When asked about ff took in caring for Patient staff had an isolation cart. The DON was not able to lized contact isolation ated she did not think the staff measures after Patient #20 en cleaning the room that he develop a policy for the treatients and isolation  It have written policies and the and guide the staff in the treatient care. This lack of putpatient from emergency the potential for confusion in any services providing care. If the CAH from identification is for improving patient the include:  28-year-old male who was 7/26/09. He was entered into cotation of "OP" indicating the Review of Patient #5's umented two dictated notes by at 7/26/09. The dictated itled "Emergency Room see sheet described the patient Emergency Room Record as	C	281			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X IDENTIFICATION NUMBER: A.			PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED	
		131304	B. WI	4G		05/0	5/2010
	ROVIDER OR SUPPLIER	ıL	•	5	REET ADDRESS, CITY, STATE, ZIP CODE 10 ROOSEVELT STREET IMERICAN FALLS, ID 83211		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
C 281	by Patient #5 on 7/2 On 5/05/10 starting interviewed. She s an outpatient on 7/2 done the previous of was no consent for or face sheet for the record. The DON sto put each patient Emergency Room I separate Outpatien are seen, and therefor the managemer reviewed the "Admi Patient #5, and was included treatment.  The CAH failed to e procedures for outpatient #5, and was included treatment.  The CAH failed to e procedures for outpatient #5 and was included treatment.  The CAH failed to e procedures for outpatient #5 polymers.  The facility's polymers of the procedure on the physical receiving the order received, the name practitioner issuing name and title."  However, the patient include physician of administered, as we are also seen.	at 9:20 AM, the DON was tated Patient #5 was seen as 26/09 to follow up with lab work day. The DON confirmed there services signed by Patient #5, at 7/26/09 visit in the medical stated the facility practice was being seen in to the Record. She stated there is no to Department where patients are no guidelines, or policies at of outpatients. She ssion Agreement" signed by a not able to clarify if the form for outpatient services.	C	281			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M	IULT	TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	
,	,, 551.1.251.611		A. BUI	LDI	NG		.,
		131304	B. WIN	NG_		05/0	5/2010
	ROVIDER OR SUPPLIER	L			REET ADDRESS, CITY, STATE, ZIP CODE 510 ROOSEVELT STREET AMERICAN FALLS, ID 83211		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROPRIEMENCY)	ULD BE	(X5) COMPLETION DATE
C 281	seen in the ED on 2 On the Provider On Record, dated 4/30 mg (a medication the and improved flow was no documented received Flomax as contained a nursing was given Zofran 4 nausea). However was found in Patient On 5/05/10 starting interviewed. She we Patient #2 had received DON could not expit the dose of Zofran was seen in the ED Patient #4's medicanicotine patch was There was no evidenticotine patch.  On 5/05/10 starting interviewed. She re #4 and verified the nicotine patch.  c. Patient #10 was seen in the ED on 1 complications and of Record, dated 1/19. Patient #10 receive antibiotic used as a	a 53-year-old male who was 1/30/10 for lower back pain. der and Documentation 1/10, but untimed, Flomax 0.4 hat relaxed smooth muscle of urine), was ordered. There devidence that Patient #2 ordered. The ER Record note entry that Patient #2 mg (medication to suppress no order for the medication at #2's record.  at 9:20 AM, the DON was leas unable to determine if sived the dose of Flomax. The leain why Patient #2 received	C	281			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
		131304	B. WI	NG_		05/0	5/2010	
	ROVIDER OR SUPPLIER	L		5	REET ADDRESS, CITY, STATE, ZIP CODE 10 ROOSEVELT STREET AMERICAN FALLS, ID 83211			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SE CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
C 281	600 ml of IV fluid. for the IV fluid and a for the IV fluid and IV fluid. Ampicillin and IV fluid. Patient #22 was seen in the ED on a Review of Patient #Record documente 12:25 and 12:40, P. 50% (1) ampule, Gi (medications used blood sugar), and N. There were no writt provided.  On 5/05/10 starting interviewed. She ver been administered.  The CAH failed to end administration of multiple and the good that PRN medication effectiveness and the Without consistent would not be able to physician the effect and treatments, whas follows:	There was no written orders antibiotic given.  at 9:20 AM the DON was eviewed the record for Patient le to find an order for the uid that was administered.  a 52-year-old male who was 12/01/09 for hypoglycemia. 122's Emergency Room d that on 12/01/09, between atient #22 received Dextrose	C	281				
		ralized ataxia (a neurological						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED	
		131304	B. WI	1G _		05/0	5/2010
	PROVIDER OR SUPPLIER	L		51	EET ADDRESS, CITY, STATE, ZIP CODE 10 ROOSEVELT STREET MERICAN FALLS, ID 83211		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
C 281	coordination of mustroke. His MAR dareviewed and documedication for anxinotimes. However documentation of the medications and treations and treations and treations are dated "Ativan given x 2 thonly documented the 4/24/10 at 10:00 PM dated 4/25/10 from AM, stated Ativan vishift. However, Paradocumented that Advice Advice and documentation and medications and treations and treations and treations and treations. The DON confirmed the DON conf	consisting of gross lack of scle movements) and probable ated 4/24 - 5/03/10, were mented he received Ativan (a ety) for agitation no less than in, his record did not contain the effectiveness of the eatments.  It #15's record included a 4/24/10 at 2:10 AM stated is shift." Patient #15's MAR not Ativan was given once on M. A second nursing note 6:00 PM to 4/26/10 at 6:00 was given twice during the tient #15's MAR only tivan was given once on M.  If an interview on 5/03/10 at confirmed the lack of stated the effectiveness of the eatments should be  a 95-year-old female admitted inued care following a hip dated 4/29 - 5/03/10, was mented she received prn rn Ativan twice, and prn ever, her record did not tion of the effectiveness of the did on 5/03/10 at 2:30 PM, the ain information regarding the	C:	281			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUII			(X3) DATE SU COMPLE	
		131304	B. WIN	IG		05/0:	5/2010
	ROVIDER OR SUPPLIER	L		5	REET ADDRESS, CITY, STATE, ZIP CODE 10 ROOSEVELT STREET AMERICAN FALLS, ID 83211		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
C 281	c. Patient #13 was admitted to the CAI ataxia. Her MAR, or reviewed and docur Avitan 6 times and However, her record documentation of the medications.  The DON confirmer record did not contage fectiveness of PR d. Patient #12 was admitted to the CAI after a total knee suggested printer Percord did not contage fectiveness of the The DON confirmer record did not contage fectiveness of PR decurate comprehence of the medications administration regarding medications.  The CAH failed to endepartment was estimated.	a 66-year-old female who was H on 4/05/10 for generalized lated 4/05 - 4/20/10, was mented she received prn prn Hydrocodone 8 times. d did not contain ne effectiveness of the d on 5/03/10 at 2:30 PM, the ain information regarding the lin medications.  a 71-year-old female who was H on 2/26/10 for post care argery. Her MAR dated 2/26 - wed and documented she had cet 29 times. However, her ain documentation of the medications.  d on 5/03/10 at 2:32 PM, the ain information regarding the lin medications.  ensure records contained ensive information including all stered, medication doses and ng the effectiveness of PRN  ensure that the outpatient tablished as a separate e ED with facility oversight and ures.	C 2		C 297 485.635(d)(3) NURSING SERVICES		11June10
C 297	All drugs, biological		C 2	.91	Corrective action has to ensure that all medications		n

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,		PLE CONSTRUCTION	(X3) DATE SU COMPLE	
			A. BUI	LDIN			
		131304	B. WIN	IG _		05/0	5/2010
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
HARMS	MEMORIAL HOSPITA	L			10 ROOSEVELT STREET  MERICAN FALLS, ID 83211		
(V4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORREC	TiON	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOP CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	COMPLETION DATE
C 297	the supervision of a medicine or osteop State law, a physici with written and sig standards of practic laws.  This STANDARD i Based on record re and interview, it wa ensure staff admini in accordance with administration polic and standards direct patients (#2, #4, #1 Bed patients (#13, were reviewed. The medication administration and the patient outcome. Further than the patient outcome. Further than the patient outcome accordance with patient orders, of the staff who have been who are authorized by authorized licens accordance with patients of good medical practices.	a registered nurse, a doctor of athy, or where permitted by an assistant, in accordance ned orders, accepted be, and Federal and State  s not met as evidenced by: view, review of facility policies is determined the CAH failed to stered medications to patients pharmacy medication ies. Failure to follow policy bety impacted 4 of 9 ED 0 and #22), and 3 of 4 Swing #14, and #15), whose records in a failure to follow pharmacy stration policies and standards potential to result in adverse indings include:  d of Pharmacy IDAPA DMINISTRATION OF DRUGS be administered at an only upon the orders, including se members of the medical in granted clinical privileges, or members of the house staff, sed facility personnel in solicies and procedures propriate committee of the cable law and rules, and in sual and customary standards actice."	Ci	297	administered to patients in account plants audited for compliant doing a medication reconciliated between the medications that and the medications that were the medication reconciliation be used by the nursing staff administering medications to all medications ordered were medication reconciliation she be used during the daily chart re-check and ensure that all mordered were given. This conaction will be completed 06/0 and will be monitored by the Nursing for compliance.  The Medication Admin policy has been updated to in need for PRN medications to for effectiveness and to docume effectiveness. The Medication Administration Record for in swingbed patients has been reinclude a section for docume effectiveness of all PRN medications. The nursing staff was regarding the newly instituted between 05/25/2010 and 05/2 the use of the police and the state of the pol	ding having nee by tion were given a sheet will also to nedication rective 05/2010, Director of the assessment the patients are evised to noting the lications in-serviced policy 28/2010 and the policy 28/20	n l at ne o s of
	ORDERS, for the E	for VERBAL AND WRITTEN mergency Department, erbal orders for medication			was instituted at that time. T	he chart	

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION  IG	COMPLE	
		131304	B. WIN	IG		05/0	5/2010
	PROVIDER OR SUPPLIER	L		5	REET ADDRESS, CITY, STATE, ZIP CODE 510 ROOSEVELT STREET AMERICAN FALLS, ID 83211		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
C 297	shall be received an or licensed nurse. physician order she order and noting the name of the license issuing the order artitle."  However, the patier include physician or administered, as we were ordered and not a. Patient #2 was a seen in the ED on 40 on the Provider Order Record, dated 4/30 mg (a medication thand improved flow of was no documented received Flomax as contained a nursing was given Zofran 4 nausea). However was found in Patient On 5/05/10 starting interviewed. She we patient #2 had received Flomax as contained and in Patient #2 had received Flomax as contained and in Patient #2 had received Flomax as found in Patient #4 was a inadvertently taken was seen in the ED Patient #4's medicanicotine patch was a found in Pat	Ind recorded by the pharmacist of the order will be written on the set by the person receiving the edited and time received, the edindependent practitioner and the receiver's name and of the receiver of the received and the receiver's name and of the received and the receiver's name and of the received and the received should be received and the received and t	C2	297	monitoring for this documents chart audits are presented quathe governing board and the quantimprovement committee. This corrective action will be monithe Director of Nursing for content of the Director of Nursing for Content of Nursing for C	rterly to quality is itored by	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION  IG	COMPLE	
		131304	B. WIN	IG _		05/0!	5/2010
	ROVIDER OR SUPPLIER	L	·	5	REET ADDRESS, CITY, STATE, ZIP CODE 110 ROOSEVELT STREET AMERICAN FALLS, ID 83211		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPROPRIEM (PROVIDER CORRECT)	ULD BE	(X5) COMPLETION DATE
C 297	Continued From pa	ige 59	C 2	297			
	interviewed. She re	at 9:20 AM the DON was eviewed the record for Patient absence of an order for the					
	seen in the ED on a complications and a Record, dated 1/19 Patient #10 receive antibiotic used as a was the result of ar	a 26-year-old female who was 1/19/10 for pregnancy cramping. The Emergency 1/10 at 7:15 PM, documented at Ampicillin 1 gram IV (an precaution if pre-term labor infection), and approximately There was no written orders antibiotic given.					
	interviewed. She re #10, and was unab	at 9:20 AM the DON was eviewed the record for Patient le to find an order for the uid that was administered.					
	seen in the ED on Review of Patient # Record documente 12:25 and 12:40, P 50% (1) ampule, G (medications used blood sugar), and N	a 52-year-old male who was 12/01/09 for hypoglycemia. 422's Emergency Room d that on 12/01/09, between atient #22 received Dextrose lucose Gel (1) tube for the rapid treatment of low Normal Saline (IV) 400 ml. ten orders for the medications					
	interviewed. She v	at 9:20 AM the DON was erified the medications had without a written order.					
		ensure that the policy for edications was followed.					

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IULTIP ILDING	PLE CONSTRUCTION	(X3) DATE SI COMPLE	
		131304	B. WII	NG		05/0	5/2010
	PROVIDER OR SUPPLIER	L		51	EET ADDRESS, CITY, STATE, ZIP CODE 0 ROOSEVELT STREET MERICAN FALLS, ID 83211		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PRÉF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
C 297	that was not dated approved by the go that PRN medication effectiveness and to Without consistent would not be able to physician the effect and treatments, whas follows:  a. Patient #15 was on 4/21/10 for genesign and symptom coordination of mustroke. His MAR dareviewed and documedication for anxi.  - 4/26/10 at 3:50 PI - 4/26/10 at 10:50 PI - 4/28/10 at 11:00 PI - 4/28/10 at 5:00 PI - 4/28/10 at 5:00 PI - 5/01/10 at 7:05 AI - 5/02/10 at 3:30 PI - 5/03/10 at 2:10 PI However, his record documentation of the medications and tree Additionally, Patien nursing note dated "Ativan given x 2 th	dication Administration policy, and not documented as being verning body, did not identify ans needed to be assessed for a document the assessment. documentation, the facility assess and report to the iveness of the medications ich directly impacted patients  an 83-year-old male admitted eralized ataxia (a neurological consisting of gross lack of scle movements) and probable ated 4/24 - 5/03/10, were mented he received Ativan (a ety) for agitation as follows:  M. PM.  M. M.  M. M.  M.  M.  M.  M.  M.  M.	C	297			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION  G	(X3) DATE S COMPLE	
		131304	B. WIN	G_		05/0	5/2010
	ROVIDER OR SUPPLIER	L		5	REET ADDRESS, CITY, STATE, ZIP CODE 10 ROOSEVELT STREET AMERICAN FALLS, ID 83211		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
C 297	Continued From pa	ge 61	Ç 2	97			
	PM to 4/26/10 at 6: given twice during t #15's MAR only do given once on 4/25/ When asked during 2:30 PM, the DON documentation and medications and tree	an interview on 5/03/10 at confirmed the lack of stated the effectiveness of the		oone coordinate			
	on 4/29/10 for conti fracture. Her MAR	a 95-year-old female admitted nued care following a hip dated 4/29 - 5/03/10, was mented she received the		The of America			er total
	pain), 2 tablets were - 4/29/10 at 6:00 PM agitation 4/30/10 at 3:00 AM given for pain 4/30/10 at 10:50 AM for pain 4/30/10 at 4:15 PM for pain 4/30/10 at 7:25 PM for pain 5/01/10 at 8:30 AM for pain 5/01/10 at 9:55 AM for pain 5/01/10 at 4:10 PM given for pain.	M. Vicodin (a medication for e given for pain. M. Ativan was given for M. Vicodin 2 tablets, were M. Vicodin 1 tablet, was given M. Vicodin 2 tablets, were M. Vicodin 2 tablets, were		- COORDINATE CONTRACTOR CONTRACTO			TOTAL PARTY TOTAL PARTY

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	COMPLE	
		131304	B. Wil	IG_		05/0	5/2010
	ROVIDER OR SUPPLIER	L		51	EET ADDRESS, CITY, STATE, ZIP CODE 10 ROOSEVELT STREET MERICAN FALLS, ID 83211		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
C 297	- 5/02/10 at 8:00 Al given for pain 5/02/10 at 3:00 Pl given for pain 5/02/10 at 9:00 Pl given for pain and / documented as bei - 5/03/10 at 7:15 Al for pain 5/03/10 at 7:15 Al for pain 5/03/10 at 7:15 Al for pain 5/03/10 at 7:45 Pl anxiety.  However, her record documentation of the medications. The I 2:30 PM, the record regarding the effect c. Patient #13 was admitted to the CAI ataxia. Her MAR, or reviewed and documentation 4/05/10 at 9:00 Pl anxiety 4/06/10 at 9:00 Pl anxiety 4/08/10 at 9:00 Pl anxiety 4/10/10 at 9:00 Pl anxiety 4/10/10 at 9:00 Pl anxiety 4/10/10 at 9:00 Pl anxiety.	M. Vicodin, no dose listed, was M. Vicodin, no dose listed, was M. Vicodin, no dose listed, was Ambien no dose listed, was Ing given for restlessness. M. Vicodin 1 tablet, was given M. Tylenol 650 mg, was given P.M. Vicodin 2 tablets, were M. Ativan was given for M. Ativan was given for Indid did not contain The effectiveness of the DON confirmed on 5/03/10 at Indid did not contain information Titiveness of PRN medications. The effectiveness of the DON confirmed on 5/03/10 at Indid did not contain information The effectiveness of the DON confirmed on 5/03/10 at Indid did not contain information The effectiveness of the DON confirmed on 5/03/10 at Indid did not contain information The effectiveness of the DON confirmed on 5/03/10 at Indid did not contain information The effectiveness of the DON confirmed on 5/03/10 at Indid did not contain information The effectiveness of the DON confirmed on 5/03/10 at India did not contain The effectiveness of the DON confirmed on 5/03/10 at India did not contain The effectiveness of the DON confirmed on 5/03/10 at India did not contain The effectiveness of the DON confirmed on 5/03/10 at India did not contain The effectiveness of the DON confirmed on 5/03/10 at India did not contain The effectiveness of the DON confirmed on 5/03/10 at India did not contain The effectiveness of the DON confirmed on 5/03/10 at India did not contain The effectiveness of the DON confirmed on 5/03/10 at India did not contain The effectiveness of the DON confirmed on 5/03/10 at India did not contain The effectiveness of the DON confirmed on 5/03/10 at India did not contain The effectiveness of the DON confirmed on 5/03/10 at India did not contain The effectiveness of the DON confirmed on 5/03/10 at India did not contain The effectiveness of the DON confirmed on 5/03/10 at India did not contain The effectiveness of the DON confirmed on 5/03/10 at India did not contain The effectiveness of the DON confirmed on 5/03/10 at India did not contain The effectiveness of the The effectiveness of the India di	C	297			
	110/10 at 3.00 FT	M. Hydrocodone (a medication					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1` '		PLE CONSTRUCTION	(X3) DATE SU COMPLE	
			A. BUI		G		
		131304	B. WIN	<b>1</b> G		05/0	5/2010
	ROVIDER OR SUPPLIER MEMORIAL HOSPITA	L		5	REET ADDRESS, CITY, STATE, ZIP CODE 10 ROOSEVELT STREET MERICAN FALLS, ID 83211		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
C 297	"sleeplessness." - 4/13/10 at 10:31 F given for pain 4/17/10 at 1:30 AN listed, was given for - 4/17/10 at 11:30 F given for pain 4/18/10 at 9:00 PM given for pain 4/19/10 at 4:11 AN given for pain 4/19/10 at 10:30 F given for pain 4/20/10 at 5:05 AN given for pain 2/26/10 at 8:00 AN pain), 2 tablets were - 2/26/10 at 8:00 PM given for pain 2/27/10 at 8:00 PM given for pain 2/28/10 at 6:50 AM for pain 2/28/10 at 6:50 AM for pain.	A. Ativan was given for  A. Ativan was given for  A. Ativan was given for  A. Hydrocodone 1 tablet, was  A. Hydrocodone 1 tabl	Ci	297	C 330 485.641 PERIODIC EVALUATION QA REVIEW  1. A policy guiding the use incident reports for the facility written and included in the poprocedure manual. (See attack policy describes where the fool located, the information to be on the form, different categor incidents, and the procedure analyzing the event to develo implement processes to impred All hospital staff was in-serving regarding the new policy and use the incident report on 05/The Director of Nursing for the will do chart reviews to deter the event of an incident the foot and presented to the proposal management personnel so the can be identified and process developed to prevent adverse improve quality. This correct was completed on 05/25/201 Director of Nursing for the hose responsible for ensuring catherence to the policy by state and process the Endoscopy technician for	use of y was olicy and hed). The rm is included ries of for up and ove care. iced when to (25/2010. he hospital mine that form is filled at problem res events and the ospital will ontinued aff.	l in ed s s d

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) M	IULTI	PLE CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUI	LDIN	G	COMPLE	= I ED
		131304	B, WIN	1G_		05/0	5/2010
NAME OF P	ROVIDER OR SUPPLIER			STF	REET ADDRESS, CITY, STATE, ZIP COI	DE	
HARMS	MEMORIAL HOSPITA	L		l	10 ROOSEVELT STREET		
				A	MERICAN FALLS, ID 83211		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
C 297	Continued From pa	ge 64	C	297			
	given for pain.				to review cleaning process	ses for all	
	- 2/28/10 at 5:00 PM	M. Percocet 1 tablet, was given			aspects of the GI clinic.		)V
	for pain.				technician has a new log b	-	1
		M. Percocet 1 tablet, was given			changing of the Cidex Plu		
	for pain.	M. Percocet 1 tablet, was given			used in our facility for high		
	for pain.	vi. i croocct i tablet, was given			disinfection of the GI end		
		M. Percocet 1 tablet, was given			log will be used to monito	-	1
	for pain.				the Cidex Plus solution is		1
		M. Percocet 1 tablet, was given			manufacturer of the disinf		
	for pain.  - 3/02/10 at 6:30 ∆N	M. Percocet 1 tablet, was given			recommends it be used fo		
	for pain.	w. Percocet I tablet, was given			the log will be checked pr	•	
		PM. Percocet 1 tablet, was			of the Cidex Plus to ensur		
	given for pain.						ha
		M. Percocet 1 tablet, was given			within the 28 day period.		
	for pain.	A Degreeat to descripted			Cidex Plus will be checke	-	
	was given for pain.	M. Percocet, no dose listed,			use every time it is used v		
		M. Percocet, no dose listed,			Plus Solution Test Strips		
	was given for pain.	,			the glutaraldehyde concer		
		M. Percocet, no dose listed,			above its minimum effect		
	was given for pain.	A Description does listed			concentration. The strip		e
	was given for pain.	M. Percocet, no dose listed,			solution is still within the		
		M. Percocet, no dose listed,			effective concentration, a		
	was given for pain.	, and a second more and			new Cidex Plus will be a		
		<ol> <li>Percocet, no dose listed,</li> </ol>			cleaning, even if it is not	•	
	was given for pain.				days old. The log will in		
		M. Percocet, no dose listed,			testing of the Cidex Plus	_	
	was given for pain 3/06/10 at 8:45 PM	M. Percocet, no dose listed,			to its use and will reflect		
	was given for pain.	Stocot, its dood noted,			the strip testing. A further		
	- 3/07/10 at 7:30 AN	/I. Percocet 1 tablet, was given			improvement project for		
	for pain.				will be to have random co		f
		1. Percocet 1 tablet, was given			the previously sterilized	quipment	
	for pain. - 3/07/10 at 8:00 PM	M. Percocet 1 tablet, was given			between uses to monitor	for growth of	
	for pain.	Torough tablet, was given			bacteria. All of these qua	lity	
					improvement processes v	vill be presen	ted

NAME OF PROVIDER OR SUPPLIER  HARMS MEMORIAL HOSPITAL  STREET ADDRESS, CITY, STATE, ZIP CODE 510 ROOSEVELT STREET AMERICAN FALLS, ID 83211  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES  ID PROVIDER'S PLAN OF CORRECTION	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;		IULTIPLE CONSTRUCTION  LDING	(X3) DATE SI COMPLE	
HARMS MEMORIAL HOSPITAL  510 ROOSEVELT STREET  AMERICAN FALLS, ID 83211		131304	B, WIN	IG	05/0	5/2010
(XALID SLIMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION		L		510 ROOSEVELT STREET	ZIP CODE	
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMP	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL		IX (EACH CORRECTIVE A CROSS-REFERENCED TO	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE
C 297 Continued From page 65 - 3/08/10 at 7:30 AM. Percocet 1 tablet, was given for pain 3/08/10 at 1:45 PM. Percocet 1 tablet, was given for pain 3/08/10 at 1:30 PM. Percocet 1 tablet, was given for pain 3/08/10 at 1:30 PM. Percocet 1 tablet, was given for pain 3/09/10 at 7:30 AM. Percocet 1 tablet, was given for pain 3/09/10 at 1:15 PM. Percocet 1 tablet, was given for pain. However, her record did not contain documentation of the effectiveness of the medications. The DON confirmed on 5/03/10 at 2:32 PM, the record did not contain information regarding the effectiveness of PRN medications. The CAH failed to ensure records contained accurate comprehensive information including all medications administered, medication doses and information regarding the effectiveness of PRN medications.  C 330 485.641 PERIODIC EVALUATION & QA REVIEW  This CONDITION is not met as evidenced by: Based on observation, staff interview, and review of medical records, facility policies, and QA/QI documents, it was determined the CAH failed to ensure a comprehensive data driven QA program was developed and implemented. This resulted in missed opportunities and tablet, was given for pain.  C 297  Quarterly to the quality improvement committee and to the governing board. These corrective measures will be completely implemented by 06/05/2010, and monitored by the Director of Nursing for the hospital to ensure compliance.  3. The CS technician had training in packaging, sterilization, labeling and QI indicators for disinfection of the facilities instruments. She was trained at Portneuf Medical center on 05/27/2010. The facility has ordered biological testing indicators for use when autoclaving is done it will have a chemical lest. All previously packaged instruments that were autoclaved before the facility used biological indicators in conjunction with the chemical indicators in conjunction with	- 3/08/10 at 7:30 Al for pain 3/08/10 at 1:45 Pl for pain 3/08/10 at 8:30 Pl for pain 3/09/10 at 7:30 Al for pain 3/09/10 at 7:30 Al for pain 3/09/10 at 1:15 Pl for pain. However, her record documentation of the medications. The I 2:32 PM, the record regarding the effect The CAH failed to eaccurate comprehend information regarding medications. 485.641 PERIODIC REVIEW Periodic Evaluation Review  This CONDITION is Based on observation of medical records, documents, it was densure a comprehend was developed and in missed opportunity.	M. Percocet 1 tablet, was given M. Percocet 1 tablet, was give		quarterly to the qualicommittee and to the These corrective measurement and monitored by the Nursing for the hosp compliance.  3. The CS techniques packaging, sterilizati indicators for disinfer facilities instruments. Portneuf Medical cerus The facility has orden testing indicators for autoclaving so that endicating indicators for autoclaving is done in chemical and biological ensure that the parameter sterilization are met. In a log to accompany ensure that the parameter indicating the results and chemical test. A packaged instrument autoclaved before the biological indicators the chemical indicators the chemical indicators the chemical indicators the labeled with date, number. The log with the sterilized with date, number. The log with the sterilized in the chemical indicators the labeled with date, number. The log with the complex complex properties of the chemical indicators the labeled with date, number. The log with the complex properties of the complex properties of the chemical indicators the labeled with date, number. The log with the complex properties of t	e governing board. Assures will be Inted by 06/05/2010 The Director of The Was trained The Director of the The Was trained The Director of the The Was trained The Was trained The Director of The Was trained	in I at d

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION	COMPLE	
		131304	B. WIN	NG _		05/0!	5/2010
	PROVIDER OR SUPPLIER	L .		5	REET ADDRESS, CITY, STATE, ZIP CODE 110 ROOSEVELT STREET AMERICAN FALLS, ID 83211		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PR <b>E</b> F TAG		PROVIDER'S PLAN OF CORRECTION ( (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
C 330	1. Refer to C-336 a failure to ensure the patient adverse even a failure to ensure the the quality and apposervices offered.  3. Refer to C-281 a failure to define out demonstrate integral.  The cumulative effectively evaluate	is it relates to the facility's e QA program had analyzed all ents.  Is it relates to the facility's e QA program had evaluated ropriateness of all patient care is it relates to the facility's patient services and ation of quality management.  Exect of these systemic practices QA program's ability to the quality and all patient care services		330	suspected contaminated equip to pull outdated stock. This correcess will be completed by 06/08/2010. The corrective pube monitored by the Director Improvement for continued coand all quality improvement of Central Processing Unit will be presented at the quarterly qual improvement meeting and to governing board.	orrective rocess wil of Quality ompliance lata for the oe lity	,
	The CAH has an ef program to evaluate appropriateness of furnished in the CA outcomes. The program and Quality determined the CA program had analytical for 2 of 39 patients were reviewed. The	ifective quality assurance e the quality and the diagnosis and treatment H and of the treatment ogram requires that  s not met as evidenced by: rview and review of patient Management Memos, it was H failed to ensure the QA zed all patient adverse events (#13 and #20) whose records is resulted in the inability of the d implement processes to			C 336 485.641(b) QUALITY ASSURANCE  A policy guiding the use of ir reports for the facility was wrincluded in the policy and promanual. (See attached). The describes where the form is leinformation to be included or different categories of incider procedure for analyzing the edevelop and implement procedure for analyzing the edevelop and implement procedure regarding the new p when to use the incident report of 105/25/2010 and 05/28/2010.	ritten and occedure policy ocated, the name of the formatis, and the event to esses to taff was in olicy and ort between	, e -

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU		ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		131304	B. WIN	G		05/0	5/2010
	ROVIDER OR SUPPLIER	L		510 RO	ADDRESS, CITY, STATE, ZIP CODE POSEVELT STREET ICAN FALLS, ID 83211		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI) TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
C 336	1. Patient #13 was admitted to the CAI ataxia (a neurologic consisting of gross movements). A nu was timed 6:00 AM had found a Norco for pain management able that Patient # Review of the CAH Memos on 5/04/10 had notified the QA On 5/04/10 starting was interviewed. S Management Memor the incident and 2. Patient #20 was a right forearm PIC dated 11/08/09, that #20's PICC dressin stated the PICC hat approximately 8 incinsertion site was in inches would not exproper placement at On 5/05/10 starting interviewed. She seen completed regardislodgement.  The CAH failed to expression of the quantity could be analy to prevent further in the could be analy to prevent further in the county of the could be analy to prevent further in the county of the could be analy to prevent further in the county of the could be analy to prevent further in the county of th	a 66-year-old female who was H on 4/05/10 for generalized cal sign and symptom lack of coordination of muscle rsing note dated 4/09/10, that - 6:00 PM, stated the nurse (a narcotic medication used ent), on Patient #13's bedside 13's husband brought in.  Is Quality Management did not document the nurse department of the incident.  Is Quality Management at 11:18 AM, the QA Manager the confirmed a Quality of had not been completed out stated one should have been.  In 81-year-old male who had C. An outpatient nursing note, at was untimed, stated Patient g was changed, and the note depulled out to 20 cm, which is thes. Patient #20's PICC on the right forearm, and 8 insure that the PICC was in as a central line.  In 19:20 AM, the DON was tated no incident report had garding Patient #20's PICC line ensure that all events were lity improvement program so ized and steps could be taken incidents.	C 3	Dir do eve and per ider pre qua con Dir be : adh	rector of Nursing for the hose chart reviews to determine ent of an incident the form is dipresented to the proper may sonnel so that problems can ntified and processes develowent adverse events and im- ality. This corrective action impleted on 05/25/2010 and rector of Nursing for the ho- responsible for ensuring con- merence to the policy by star	that in the s filled ou anagement to oped to prove the spital will ontinued	t t
C 337	485.641(b)(1) QUA	LITT ASSURANCE	C 3	3/ C	337 485.641(b)(1)		

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A, BUILI	ILTIPLE CONSTRUCTION DING	(X3) DATE SI COMPLE	
		131304	B, WING	3	05/0	5/2010
	ROVIDER OR SUPPLIER	L		STREET ADDRESS, CITY, STATE, ZIP C 510 ROOSEVELT STREET AMERICAN FALLS, ID 83211	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
C 337	The CAH has an ef program to evaluate appropriateness of furnished in the CA outcomes. The program all patient care servaffecting patient her all patient care and observation of medical records, documents, it was densure its QA program appropriateness and departments with impacted 7 of 7 path who received endo potential to impact care. The lack of option of potential to affect processing to the Cand the first quarte GI Laboratory, Ster OT services, and Chave QIs being coll at 9:15 AM, the Direct confirmed that the Processing, PT se Patient services, direct care appropriate confirmed that the Processing, PT se Patient services, direct care and confirmed that the Processing, PT se Patient services, direct care and care appropriate care and	fective quality assurance e the quality and the diagnosis and treatment H and of the treatment	C 33	485.641(b)(1) QUALITY ASSURANCE  1. Training has been so Endoscopy technician for review cleaning processed of the GI clinic. The Entechnician has a new log changing of the Cidex Plused in our facility for his disinfection of the GI enlog will be used to monitate Cidex Plus solution manufacturer of the disinfection of the Cidex Plus to enswithin the 28 day period Cidex Plus will be checked of the Cidex Plus will be checked use every time it is used Plus Solution Test Strip the glutaral dehyde concabove its minimum effectoncentration. The strip solution is still within the effective concentration, new Cidex Plus will be cleaning, even if it is not days old. The log will it testing of the Cidex Plus	heduled for the or 06/02/2010 to es for all aspect doscopy g book for the lus which is igh level doscopes. The tor the date that is activated. The for 28 days, so prior to each us ure it is still d. In addition the determinant is to ensure that the entration is active principals in the minimum and if it is not activated for ot yet over 28 include the	s s t ne e
	resulted in the inab improve its process	ility of the CAH to evaluate and ses. Because of the absence ment oversight the following		to its use and will reflect the strip testing. A furt	ct the results of her quality	; I

Facility ID: IDNHCT

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUIL		PLE CONSTRUCTION  G	COMPLE	
		131304	B. WIN	IG		05/0	5/2010
	PROVIDER OR SUPPLIER	ıL		51	EET ADDRESS, CITY, STATE, ZIP CODE 0 ROOSEVELT STREET MERICAN FALLS, ID 83211		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
C 337	a. During a tour of starting 12:53 PM,i Cidex Plus to do his endoscopes. High-process that killed a According to Johns manufacturer of Cidisinfection is accelled Review of the pack Cidex Plus showed recommendations:  "The use period for solution is up to a reactivation or soone PLUS Solution Test"  "Solution can be reexceed 28 days proof glutaraldehyde of temperature exist is described in directifing the Cidex log kept not done.  "Test the solution puthe glutaraldehyde MEC (minimum eff According to the Cistation this was not According to The Advancement of M (ANSI/AAMI) ST58 that the actual reus	the GI Clinic on 5/05/10 It was noted that the CAH used gh-level disinfection of its elevel disinfection is the all microbial organisms. It was noted that the CAH used gh-level disinfection is the all microbial organisms. It was a Johnson, the dex Plus, "High-level ptable for GI endoscopes" It age insert on the bottle of the following It activated CIDEX PLUS maximum of 28 days following r, as indicated by the CIDEX to Strips."  I used for a period not to evided the required conditions oncentration, pH, and wased upon monitoring ons for use" According to eat the cleaning station this was entior to each use to assure that concentration is above its ective concentration)." I dex log kept at the cleaning it done.	C3	337	will be to have random cultusthe previously sterilized equality between uses to monitor for bacteria. All of these quality improvement processes will quarterly to the quality improcommittee and to the govern These corrective measures was completely implemented by and monitored by the Direct Nursing for the hospital to ecompliance.  2. The CS technician had to packaging, sterilization, labindicators for disinfection of facilities instruments. She was Portneuf Medical center on The facility has ordered bioustesting indicators for use what autoclaving so that each time autoclaving is done it will be chemical and biological indicators that the parameters resterilization are met. She had log to accompany each losterilizing done in the autoclaving the results of the and chemical test. All prevent packaged instruments that was autoclaved before the facility biological indicators in conthe chemical indicators will sterilized. All instruments	ipment growth of y be presented overment ning board. vill be 06/05/2010 for of cor of corsure  raining in eling and Q f the was trained 05/27/2010 logical nen ne	d at .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A, BUI		PLE CONSTRUCTION	(X3) DATE SU COMPLE	
		B, WIN				
	131304	B, VVIIV			05/05	5/2010
NAME OF PROVIDER OR SUPPLIER HARMS MEMORIAL HOSPITAI	L		51	REET ADDRESS, CITY, STATE, ZIP CODE 10 ROOSEVELT STREET MERICAN FALLS, ID 83211		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRE PREFIX (EACH CORRECTIVE ACTION SH TAG CROSS-REFERENCED TO THE API DEFICIENCY)		ULD BE	(X5) COMPLETION DATE
device, residual dete of the solution, and temperature in the answer of the ANSI/AA monitor the disinfect appropriate test strip during the expected done as follows:  In a review of the Ci PM, Cidex was active Twenty-eight days from 3/24/09. Following recommendations, the discarded on 3/24/00 Cidex was discarded. Patient #33 had a converse was no documentative solution before the converse was the mean of the Cidex was then should have been different the Cidex was then should have been different the Cidex was discarded.	fected, bioburden left on the ergents, temperature and pH the environmental area."  AMI stated, "Best practices tant solution with an opinion to each time it is used reuse life." This was not  dex log on 5/05/10 at 12:53 yated on 2/24/09. From 2/24/09 would have been manufacturer's the Cidex should have been 9. It was documented the d on 5/18/09.  Colonoscopy on 3/31/09. There is not testing of the Cidex disinfection process began.  activated on 5/19/09 and iscarded on 6/16/09. Instead	C3	3337	be labeled with date and load. The log will include the load contents and date, so event remonitoring can occur to recall contaminated equipment and outdated stock. This corrective will be completed by 06/08/20 corrective process will be most the Director of Quality Improcentinued compliance, and al improvement data for the Cer Processing Unit will be prese quarterly quality improvemer and to the governing board.  3. All patients who are seen GI clinic will have a post profollow up evaluation by phone 24 and 72 hours following a profollowing a procedure, and the will be documented on a GI I patient phone questionnaire. all patients seen in the GI clinic sent a patient satisfaction surcontains quality indicators. To corrective actions will be cominuse by 06/08/2010. These performance improvement probe monitored for compliance quality improvement manage performance improvement manage performance improvement data presented quarterly to the quarter	number, lated I suspected to pull ve process 010. The mitored by ovement for I quality intral meeting through the cedure is between procedure, make the 72 hours in eresponse aboratory. In additionic will be vey that these inpleted an erojects will by the er, and the lata will be	r ne es n

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.,	ROVIDER OR SUPPLIER	L	•	51	EET ADDRESS, CITY, STATE, ZIP CODE 10 ROOSEVELT STREET MERICAN FALLS, ID 83211		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
C 337	9/06/09 with another on 10/14/09." The was 12/07/09. The discarded on 10/04 Patient #36 had a contract There was no docuted to began.  Documentation on 2/23/10 with discard Twenty-eight days in 3/23/10.  Patient #37 had an a visualization of the duodenum with a sedocumentation of the defore the disinfect the disinfect Patient #38 had an no documentation of the defore the disinfect Patient #39 had a company was no documentation of the disinfec	ed activation of Cidex was en notation of "test with pass next discarded date recorded Cidex should have been /09.  colonoscopy on 11/03/09.  mentation of testing of the re the disinfection process  the Cidex log shows activation of recorded as 4/27/10.  from 2/23/10 would have been  EGD on 4/05/10. An EGD is a esophagus, stomach, and cope. There was no esting of the Cidex solution ion process began prior.  EGD on 4/20/10. There was of testing of the Cidex solution	C	337	improvement committee and governing board.  4. Physical therapy department of developed performance improvement projects. The performance improvement projects. The performance improvement projects are on the chart within 48 horders are on the chart within 48 horders are on the chart within 48 horders are put in the parameter within 48 hours. The occupated a improvement project to more inpatients and swing bed pathospital for orders for occupated evaluations and treatments a within 24 hours of the order received. Both the Physical department and the Occupated department will attend the quality Improvement Committee improvement professional performance improvement professional that will also be present governing board quarterly. Improvement Coordinator we responsible to ensure that Platerapy and Occupational the departments attend Quality Committee meetings and has a committee meeting and has a committee meetings and has a committee meeting and has a committee	nent and ment have  physical cloped a s notes for al therapy ours. The notes to tients chart ational performan nitor all tients in the cational being therapy cional thera uarterly nittee regarding the projects. Inted to the The Qualit vill be hysical herapy Improvement	py ne

	FOF DEFICIENCIES DEFICIENTES DEFICIENTES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION  G	(X3) DATE SURVE' COMPLETED	
		131304	B. WIN	IG_		05/0	5/2010
	PROVIDER OR SUPPLIER	L	•	5	REET ADDRESS, CITY, STATE, ZIP CODE 10 ROOSEVELT STREET AMERICAN FALLS, ID 83211		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
C 337	the Cidex log were  The CAH's Central signed, states,"All name] will be clean its manufacture and CNA/ER/Endoscop the observed Cidex  The QA failed to en procedures was inc QA's failure to ensuhad QI and PIPs repractices.  2. The American Instated "Biological in routine sterilizer effice weekly, but preferal is in use." A biological formation of bacte indicator monitors to ensure that all the sterilization were process.  During a tour of the on 5/4/10 starting a instruments used for autoclaved.  The CAH's Central Resterilization of Pasterilization of Pasteri	ed all dates documented on correct as recorded.  Service Policy #6, not dated or equipment used at [CAH's ed/sterilized as appropriate to duse." According to the y technician's statement and log this was not done.  Sure the sterilization studed in its QA program. The pare that sterilization procedures sulted in poor sterilization.  National Standard dated 2006, adicators should be usedfor icacy monitoring at least poly every day that the sterilizer ical indicator (spore test) is a alter the sterilization process of insists of a standardized rial spores. A biological the autoclaving cycle and parameters necessary for esent during the autoclaving.  CAH's Sterile Processing unit to patient care were.	C	337	performance improvement protheir departments.	ojects for	

	(X3) DATE SURVEY COMPLETED	
131304 B. WING	05/05/2010	
NAME OF PROVIDER OR SUPPLIER  HARMS MEMORIAL HOSPITAL  STREET ADDRESS, CITY, STATE, ZIP CODE 510 ROOSEVELT STREET AMERICAN FALLS, ID 83211	00/00/2010	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATION DEFICIENCY)	BE COMPLÉTION	
C 337 Continued From page 73 every load autoclaved. This policy was not followed. Examples include:  The CAH's "ATTEST Biological Monitoring System for Steam Sterilization" log sheets, documented the last time an Attest was run was 12/21/07. The CAH did use a chemical indicator with each load that was autoclaved. However, without the use of weekly biological indicators, in conjunction with the chemical indicators, the facility could not ensure that the parameters necessary for sterilization were present.  The DON was present during the tour. She did not know what an Attest was.  On 5/05/10 starting at 9:25 AM, the CS Technician was interviewed. She stated that she was trained 18 years ago on how to autoclave instruments. However, she stated that she had not preformed autoclaving for many years and stated she started her current CS job on 1/04/10. She stated she did not know what an Attest was nor how to run one.  On 5/05/10 starting at 9:30 AM, the CS Director was interviewed. She confirmed the CS/SP units did not have any QI projects, QI indicators or PIPs. She stated she did not know what an Attest was for.  The QI program failed to evaluate the quality and appropriateness of the Sterile Processing unit and develop quality indicators and PIPs.  3. During a tour of the CAH's Sterile Processing unit on 5/04/10 starting at 2:43 PM, and the ED on 5/04/10 starting at 2:43 PM, and the ED on 5/04/10 starting at 5:00 PM, it was noted that		

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		TIPLE CONSTRUCTION	(X3) DATE SI COMPLE	
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
C 337	scissors and tweez not have a sterilizer written on the pack autoclaved. Addition unit did not have a sterilizer load number autoclaved instrum the DON during the potential to effect the suspected contaminated stock.  The CAH's Central of Central Services stated, "Central Services stated, "Central Services stated, "Central Services stated, "Central Dates, last reviewe will be marked in in package side which the package."  The CAH's Central Dates, last reviewe will be marked in in package side which the package materials stated the following "Autoclave tape, mis to be placed on a "Single wrapped it greater than one m" Double wrapped phave a shelf life of the sterilizer in the package of the sterilizer in the package of the package o	rers, that were autoclaved did reload number, or a date age as to when they were conally, the Sterile Processing log book that contained per, dates or contents of ents. This was confirmed by elobservations. This had the ne CAH's ability to recall nated equipment and pull service Policy #1, Objectives of a last reviewed on 1/17/08, rvices will maintain an the various processes of ang, and sterilization."  Service Policy #9, Expiration and on 1/17/08 stated, "Dates adelible ink and placed on an will face the person opening service Policy #8, Shelf life of so, last reviewed on 1/17/08, it arked with the expiration date autoclaved packages."  ems will have a shelf life of no conth."  plastic will have a shelf life of plastic will have a shelf life	C	337			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI		PLE CONSTRUCTION	(X3) DATE SU COMPLE	
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C 337	Continued From pa	ge 75	C 3	37			
	,	will be removed from service ration and returned to CS."		1000000			
	The QI program fai appropriateness of	led to evaluate the quality and the Sterile Processing unit. inability of the QI program to		ALIDO			
	Evaluation for the Odocumented as bei Body stated, "A Postevaluation by phone Laboratory staff bei following a procedube documented on PHONE QUESTION were to inquire aboratory na	Procedure Follow-Up El Laboratory, that was not ing approved by the Governing est Procedure Follow-up e will be made by the GI tween 24 and 72 hours ire." The telephone call was to a GI LABORATORY PATIENT NNAIRE. The questions staff ut included if the patient had ausea, vomiting, dizziness, ammation and other quality		- FORMANDY - CONTY			00.000
	Assurance on 5/05/ stated she could no the GI Laboratory h or had a PIP. Addi a PATIENT SATISI	with the Director of Quality /10 starting at 9:15 AM, she of remember the last time that ad collected quality indicators tionally, the GI Laboratory had FACTION SURVEY that was to boratory patients that dicators.		den			
	Assurance on 5/05/ stated that she was	with the Director of Quality /10 starting at 9:15 AM, she s unaware when the patient had been developed or the lemented.		ADDOM			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION  G	(X3) DATE SU COMPLE	
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C 337	5. Quality Improver Minutes were revied Quarter of 2010. That quality indicated developed for OT south4/14/09, the Quality Meeting Minutes stowas to "work on endocumented for all started in 5/07. Re	led to gather the GI indicators and develop PIPs.  nent Committee Meeting wed for 2009 through the first he Meeting Minutes did not had attended the meetings or rs and PIPs had been ervices. Additionally, in ty Improvement Committee ated that Physical Therapy suring they have orders treatments." This project was fer to C402 for the failure of to ensure PT and OT staff	C	3337			•
C 381	specialized rehability orders.  The QI program fail indicators and deversed failed to evaluate the form of OT services. The QI program to dever PIPs.  485.645(d)(3) RES  [The CAH is substated following SNF requered B of part 483 of this Resident behavior are straints (§483.13).  "The resident has the physical or chemical purposes of discipling indicates."	intially in compliance with the irements contained in subpart chapter:]	C 3	381	C381 485.641(b)(1) RESTRAINTS  The restraint policy a procedure was updated to incrails as a restraint, with all threstrictions and guidelines as with all restraints, and that urails cannot be used without from the physician, and with monitoring if the order is recommended.	clude bed ne ssociated sing 4 bed an order tout	11June10

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C 381	Based on staff interpolicies and observed CAH failed to ensure only used to ensure patients (#14), who in the patient being rather than to treat symptoms. The find Patient #14 was a \$4/29/10 for continue fracture. Patient #14 confused and often Quality Managements atted Patient #14 late 4:45 AM. On 5/03/was observed in being the CAH's Restraint documented as being Body, defined a physthat restricts the frest the policy failed to incestraint.  On 5/03/10 at 3:05 asked why all four that Patient #14 has helped keep her in	s not met as evidenced by: view, review of hospital ations, it was determined the re restraint measures were e patient safety for 1 of 2 were observed. This resulted restrained as a convenience, the patient's medical	C3	81	bed rails used. All hospital st serviced regarding the policy between 05/25/2010 and 05/2 This corrective action was im on 05/28/2010. Education reguse of restraints will continue yearly basis for all staff. The Nursing for the hospital will be responsible to ensure the continuity corrective action.	change 8/2010. plemented garding the on a Director of	e of
		ensure staff did not use stitute for supervision for				TO OPPORTUNE AND ADDRESS OF THE PARTY OF THE	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION  G	COMPLE	
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C 381	[The CAH is substate following SNF required B of part 483 of this Comprehensive ascare plan, and discouse the resident as specified by the State §483.20(b), or to confrequency, scope, a prescribed in §413.  Discharge summar "When the facility amust have a discharge substantial state of the substantial sub	charge Planning intially in compliance with the irements contained in subpart is chapter: sessment, comprehensive harge planning (§483.20(b), that the CAH is not required to sessment instrument (RAI) ate that is required under imply with the requirements for and number of assessments 343(b)).]		381	A discharge summary developed to assist the physic the development of a discharge and it includes: A recapitulat resident's stay, a final summare ident's status, and a post-d plan of care. The medical state facility was in-serviced regard addition of the form and the resident	form was sians with ge summar ion of the ary of the lischarge aff of the ding the necessary	y
	(2) A final summary include items in para at the time of the direlease to authorize the consent of the representative; and (3) A post-discharg developed with the and his or her family to adjust to his or her to adjust to his or her to adjust to ensure 1 of patients (#12), who	of the resident's status to ragraph (b)(2) of this section, scharge that is available for ed persons and agencies, with resident or legal			components of a discharge su 05/12/2010. This corrective a implemented on 05/12/2010 a monitored by the Medical Re Director for continued compl	action was and will be cords	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		PLE CONSTRUCTION  G	(X3) DATE SI COMPLE	
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C 399	This had the potent coordination and quarter findings includ. The CAH's Rules at Staff (Bi-Laws), darsummary should concerning medical findings, pertinent at treatments including course, condition or instructions and tree. Patient #12 was a admitted to the CA after a total knee son 3/10/10.  Patient #12's dischwritten on the reconhad the address and Patient #12. The dinclude history, phy and radiology finding complications, hos discharge.  On 5/04/10 at 2:45 was interviewed. So discharge summar documentation was physician.  On 5/06/10 at 3:35 interviewed. He stated that documentation was physician.	tial to negatively impact callity of patients post care. e:  and Regulations of the Medical ted 09/06 stated, a discharge ontain brief notations I complaint, history, physical ab and radiology findings, g complications, hospital in discharge and follow-up eatment.  71-year-old female who was H on 2/26/10 for post care urgery. She was discharged arge summary was hand rd's inpatient face sheet that ind the billing information for ischarge summary did not resical findings, pertinent labings, treatments including pital course, or condition on  PM, the CAH's HIS manager of the reviewed Patient #12's y and stated that the lack of the typical for Patient #12's  PM, the CAH's CEO was atted the physician who took awould not dictate his work. The physician and he was	C	399			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	UCTION (X3) DATE SUI COMPLET	
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
C 399	Continued From pa	age 80	C S	399		Control	
C 402	patients contained summary.	ensure discharged Swing Bed a comprehensive discharge CIALIZED REHAB SERVICES	C 4	102		ì	
		antially in compliance with the irements contained in subpart s chapter:]			C 402 485.645(d)(7) SPECIALIZED REHAB SI	ERVICES	11Junel
	Specialized rehabil chapter):  "(a) Provision of se rehabilitative service physical therapy, soccupational therapy rehabilitative service mental retardation, comprehensive plates)  (1) Provide the requiresource (in according part) from a provide services."	itative services (§483.45 of this ervices. If specialized ses such as but not limited to peech-language pathology, by, and mental health ses for mental illness and are required in the resident's in of care, the facility mustuired services; or ired services from an outside dance with §483.75(h) of this er of specialized rehabilitative		Announced	The physical therapy developed a policy that all evand rehabilitative progress note in the patient's chart with of the time of service. In additional department has begun a qualimprovement project monitor rehab progress notes are in the chart within 48 hours. The decollect will be presented to the improvement committee and governing board quarterly. Corrective measure was implessed to the control of the cont	valuations otes are to in 48 hours dition the ity ring that all he patient data they he quality the This emented itored by the compliant for pdated to	l ne
	Based on staff interecords and policie failed to ensure 2 c (#14 and #15), had had received speciper physician's ord or provide specialization.	is not met as evidenced by: rview and review of patient es, it was determined the CAH of 2 current Swing Bed patients I documented evidence they ralized rehabilitative services ers. The failure to document and rehabilitative services had red rehabilitative of patient care		A A A A A A A A A A A A A A A A A A A	include a section where the a nurse can initial that evaluat ordered. Oncoming staff an management review can the immediately if all therapies ordered. Furthermore the O therapy department is condu- performance improvement to	admitting ions were d n determin were ccupationa acting a	

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		131304	B. WING		05/0!	5/2010
	PROVIDER OR SUPPLIER	L	5′	EET ADDRESS, CITY, STATE, ZIP CODE 10 ROOSEVELT STREET MERICAN FALLS, ID 83211		
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C 402	between disciplines  The HIS director wastarting at 1:30 PM not have a policy in when their evaluation to be recorded in the second of the sec	as interviewed on 5/04/10  She stated that the CAH did place to direct staff as to ons and progress notes were e patient's record.  a 95-year-old female admitted nued care following a hip 4's physician had ordered PT and an OT evaluation on 4's record was reviewed on d contained no documented ad evaluated Patient #14 or PT five times a week. For contained no documented ad evaluated Patient #14.  PM, an RN called the OT/PT had evaluated and were she stated that PT had 14 and was treating her. d it was often that the Physical arm in his evaluations and stated that OT had not to evaluate Patient #14 and	C 402	monitoring the hospital swin patients to ensure that if Occ therapy is ordered on a patient department receives the order services within 24 hours. The the performance improvement will be presented to the quality improvement committee and governing board quarterly. Corrective action was implent 05/24/2010 and is being more Occupational therapy for confidence of the confidence of the patient of the presented to the quality improvement committee and governing board quarterly. The presented is the performance of the perform	upational int their int to provid ite results o int project ity the This inented on itored by	

	OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:	A. BUI		G	COMPLE	
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
C 402	reviewed on 5/03/7 documented evide Patient #14 or had times a week.  On 5/03/10 starting interviewed. She is Patient #15 and wastated that the Phynot "turn in their evextended period of she had worked wiweek but could not that anyone had provided and/of the CAH failed to had provided and/of	age 82  10. The record contained no nce that PT had evaluated been providing PT seven  g at 2:10 PM, a PTA was stated that PT had evaluated as treating him. However, she visical Therapy department did valuations and notes for an fitme." She further stated that ith Patient #15 two times a trovided documented evidence rovided PT services the other 5 ensure PT and OT services or documented specialized ces per physician's orders.	C 4	102			

Purcou	of Equility Standards						APPROVED
STATEMEN	of Facility Standards T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE		A. BUILDIN		(X3) DATE SU COMPLE	
		131304		B. WING _		05/0	5/2010
NAME OF P	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HARMS	MEMORIAL HOSPITA	.L		SEVELT STF N FALLS, ID			
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B 000	16.03.14 Initial Con	nments		B 000			
	licensure survey of and the Swing bed the survey were:		Hospital ducting				·
BB115	16.03.14.200.01 Go Administration	overning Body and		BB115			unitarius de la company de la
	equivalent, that has		nd		BB115 16.03.14.200.01 GOVERNING BOARD ADMINISTRATION  BB115 Governing Body a Administration		11June10
	bylaws in accordan community respons	everning body shall acce with Idaho Code, sibility, and identify the spital and which spect (10-14-88)	e		Please see documentation C240 on page 5 of 83 on 2567.		The state of the s
 	a. Membership of 0 of: (12-31-91)	Soverning Body, which	ch consist				
	i. Basis of selecting duties; and. (10-14	g members, term of o -88)	office, and			RECEI	/ED
	ii. Designation of of duties. (10-14-88)	fficers, terms of office	e, and			JUN -7	2010
	b. Meetings, (12-31	I-91)			FA	CILITY STAP	DARDS
	i. Specify frequency	y of meetings. (10-14	I-88)				

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OF PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

ii. Meet at regular intervals, and there is an

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTI A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SI COMPLE		
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BB115	Continued From parattendance required iii. Minutes of all go be maintained. (10-c. Committees, (12) i. The governing bo committees as apport of activities in the hii. Minutes of all commaintained, and ref (10-14-88) d. Medical Staff App Reappointments; (12) ii. A formal written programment to the iii. Medical staff apparapplication for privile abide by hospital by and delineation of pathe medical staff. The same procedure.	ge 1 ment. (10-14-88) verning body meeting 14-88) -31-91) dy officers shall apport opriate for the size a cospitals. (10-14-88) mmittee meetings shall pertinent busing pointments and 12-31-91) procedure shall be esting the medical staff. (10 pointments shall include the staff of a privileges, signature of a privileges as recommore shall apply to nongree granted clinical privilegers.	gs shall  pint and scope all be iness.  tablished 1-14-88) de an oplicant to ulations, ended by ohysician	BB115			
	reappointment to the the administrator, n	ne medical staff shall nedical staff, and the eappointments shall b					
	medical staff autho professional compe	ody bylaws shall app rity to evaluate the etence of applicants, reappointments, curta					

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:		COMPLETED
	131304	B. WING	05/05/2010

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

### HARMS MEMORIAL HOSPITAL

510 ROOSEVELT STREET AMERICAN FALLS, ID 83211

HARMS MEMORIAL HOSPITAL		AMERICA	83211			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
BB115	Continued From page 2		BB115			
	privileges, and delineation of privileges. (10-14-88)					
	v. Applicants for appointment, reappoint applicants denied to the medical staff pr shall be notified in writing. (10-14-88)				**	
	vi. There shall be a formal appeal and h mechanism adopted by the governing be medical staff applicants who are denied privileges, or whose privileges are reduce (10-14-88)	ody for				
	e. The bylaws shall provide a mechanism adoption, and approval of the organization bylaws, rules and regulations of the med (10-14-88)	on				
	f. The bylaws shall specify an appropriate regular means of communication with the staff. (10-14-88)				The state of the s	
7	g. The bylaws shall specify departments established through the medical staff, if appropriate. (10-14-88)	s to be				
	h. The bylaws shall specify that every pa under the care of a physician licensed b Idaho State Board of Medicine. (10-14-88)					
	i. The bylaws shall specify that a physici duty or on call at all times. (10-14-88)	an be on				
	j. The bylaws shall specify to whom resp for operations, maintenance, and hospit practices can be delegated and how accountability is established. (10-14-88)	al				
	k. The governing body shall appoint a ch	nief				

Bureau of Facility Standards

Bureau d	of Facility Standards				_	FORIWI7	AFFROVED
STATEMEN	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		(X2) MULTII A. BUILDING B. WING	PLE CONSTRUCTION  G	(X3) DATE SU COMPLE	TED
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BB115	executive officer or designate in writing the operation of the administrator. (10-1). Bylaws shall be digoverning body. (1) m. Patients being the practitioners shall the physician. (10-14-88)  This Rule is not make to C-240 as is Body's failure to entaintained an effect of C-240 as is Body's failure to entain tained an effect of C-340 as is quality assurance in the provision of care. It document appropriate ficiencies found hospital must document appropriate found hospital must document appropriate for C-330 as facility to ensure it.	radministrator, and so who will be response hospital in the absertation and signed by the control of the program to evaluate to the governing body so an effective, hospital or evaluate to the hospital must tak tate remedial action to the outcome of the outcome of the outcome of the program to evaluate the program to evaluate the program to evaluate the hospital must tak tate remedial action to the outcome of	ible for nce of the he current an care of a rning d and tructure.  stration hall al-wide he e and o address . The ithe	BB115	BB124 16.03.14.200.10 QUALITY ASSURANCE BB124 Quality Assurance Please see documentatio C330 on page 66 of 83 of 2567.	ce n for citation	
BB173	16.03.14.310.01 D	irector of Nursing Se	rvices	BB173			

310. NURSING SERVICE.

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BB173 16.03.14.310.01

STATEMENT OF DEFICIENCIES

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SI COMPLE	
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BB173	Continued From pa	ge 4		BB173			
	There shall be an o with a plan that deli and duties of each and a functional str	rganized nursing dep neates authority, res category of nursing p ucture for cooperativeration. An organizati	ponsibility ersonnel, e		DIRECTOR OF NURSIN SERVICES  BB173 Director of Nursing	:	11June10
	shall be in the nursi policy manuals. Job available and in use responsibilities, fun	ing service office and descriptions shall be which delineate ctions or duties, and ach category of nursin	l in all e		Please see documentation for C297 on page 57 of 83 on for 2567.		
	service shall be und qualified registered experience comme	sing Services. The nuder the overall direction or the overall direction or the overall direction or the overall direction of the overall directions of the overall direction of the overall directions of the overall direction	on of a and				
		rdinate, and evaluate nd staff; and (10-14-8					
	implementation of p	e for development ar policies and procedur of patients; and (10-1	es as				
	c. To select, promo staff; and (10-14-88	te, and terminate nui 3)	sing				
		ocedure to insure sta nd current. (10-14-88					
	DNS to ensure staff medication adminis	et as evidenced by: t relates to the failure f followed pharmacy tration policies and s Iministering medication	tandards				

(X3) DATE SURVEY

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIE IDENTIFICATION NU			' '	(X2) MULTIPLE CONSTRUCTION		JRVEY TED
				A. BUILDIN B. WING	G		
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BB221	Continued From pa	ge 5		BB221			
BB221	330. PHARMACY S The hospital shall p	rganization and Supe SERVICE. provide an organized vice that is administe		BB221	BB221 16.03.14.330.01 ORGANIZATION AND SUPERVISION BB221 Organization and S		11June10
		cepted professional leral, state, and local			Please see documentation f	•	
	01. Organization ar services shall be un pharmacist who is I responsible for dev supervising all pharmospital. (10-14-88)  a. The director of the whether a full, partof the staff, shall be executive officer or b. The pharmacist supervision of the harmospital which drugs are stodistributed. (10-14-c. If trained pharmastudents, or pharmastudents, or pharmastudents.)	ne pharmaceutical settime or a consultant e responsible to the chis designee. (10-14 shall be responsible to the conspital drug storage pred and from which expensions are employed interns are employed direct supervision of	tion of a d is d, and in the ervice, member chief d-88) for the area in drugs are hacy byed, they		C276 on page 41 of 83 on 2 2567.		
	part-time, sufficient pharmacist to fulfill director of pharmac e. The director of the shall be responsible the transactions of	the pharmaceutical so time shall be provide the responsibilities of the responsibilities of the pharmaceutical see for maintaining receive pharmacy as requary to maintain adequates	ed by the of the -14-88) ervice ords of uired by				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IDENTIFICATION NOWBER.	A. BUILDING	
		B. WING	
	131304		05/05/2010

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

### HARMS MEMORIAL HOSPITAL

510 ROOSEVELT STREET AMERICAN FALLS, ID 83211

HARMS MEMORIAL HOSPITAL		AMERICAN FALLS, ID 83211				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTION  (EACH CORRECTIVE ACTION SHOULD BE COMPI  CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (X5  COMPI  COMPI  DAT	LETE		
	Continued From page 6  control and accountability of all drugs. The includes a system of control and records requisitioning and dispensing of drugs are supplies to nursing units and to other department/services of the hospital, as we records of all prescription drugs dispensionately. (10-14-88)  f. The pharmacist shall periodically check and drug records in all locations in the howhere drugs are stored, including but not to nursing stations, emergency rooms, of departments, operating suites. (10-14-88)  This Rule is not met as evidenced by:	BB22 his sfor the nd well as ed to the k drugs ospital of limited outpatient 3)	G CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)			
	Refer to C-276 as it relates to the CAH's follow established standards of practice policies in the management of medication 16.03.14.360.12 Record Content  12. Record Content. The medical record contain sufficient information to justify the diagnosis, warrant the treatment and end The medical record shall also be legible, written with ink or typed, and shall contain following information: (10-14-88)  a. Admission date; and (10-14-88)  b. Identification data and consent forms; (10-14-88)  c. History, including chief complaint, presillness, inventory of systems, past history history, social history and record of resulphysical examination and provisional diathat was completed no more than seven before or within forty-eight (48) hours aft admission; and (5-3-03)	and ons.  BB28  Is shall e d results. shall be in the  and  sent y, family lits of lignosis (7) days	BB283 16.03.14.360.12 RECORD CONTENT  BB283 Record Content  Please see documentation for citation C267 on page 27 of 83 and citation C399 on page 79 of 83 and citation C402 on page 81 of 83 on form CMS-2567.	ne]		

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IDENTIFICATION NUMBER.	A. BUILDING	
		B. WING	
	131304		05/05/2010

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

### HARMS MEMORIAL HOSPITAL

510 ROOSEVELT STREET AMERICAN FALLS, ID 83211

HARMS MEMORIAL HOSPITAL		AMERICAN FALLS, ID 83211					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE		
BB283	Continued From page 7		BB283				
	d. Diagnostic, therapeutic and standing and (10-14-88)	orders;					
	e. Records of observations, which shall the following: (10-14-88)	include					
	i. Consultation written and signed by conwhich includes his findings; and (10-14-						
	ii. Progress notes written by the attendin physician; and (10-14-88)	g			NOT TO COLOT		
	iii. Progress notes written by the nursing personnel; and (10-14-88)						
	iv. Progress notes written by allied health personnel. (10-14-88)	h					
	f. Reports of special examinations include not limited to: (10-14-88)	ding but					
	i. Clinical and pathological laboratory find and (10-14-88)	dings;					
	ii. X-ray interpretations; and (10-14-88)						
	iii. E.K.G. interpretations. (10-14-88)						
	g. Conclusions which include the followin (10-14-88)	ng:					
	i. Final diagnosis; and (10-14-88)						
	ii. Condition on discharge; and (10-14-88	В)					
	iii. Clinical resume and discharge summ (10-14-88)	ary; and					
	iv. Autopsy findings when applicable. (10	0-14-88)			A STATE OF THE STA		

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	DENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED
	131304	B. WING	05/05/2010

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

510 ROOSEVELT STREET

HARMS	MEMORIAL HOSPITAL	510 ROOSEVELT ST AMERICAN FALLS, I			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY F REGULATORY OR LSC IDENTIFYING INFORMAT		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
BB283	Continued From page 8	BB283	·		
	h. Informed consent forms. (10-14-88)				
i. Anatomical donation request record (for those patients who are at or near the time of death) containing: (3-1-90)					
	i. Name and affiliation of requestor; and (	3-1-90)			
	ii. Name and relationship of requestee; as (3-1-90)	nd			
	iii. Response to request; and (3-1-90)				
	iv. Reason why donation not requested, v applicable. (3-1-90)	vhen			
	This Rule is not met as evidenced by: Refer to C-267 as it relates to the CAH's ensure records contained completed tran forms when patients were transferred to a facilities.	sfer			
	Refer to C-399 as it relates to the CAH's ensure records contained a comprehensi discharge summary.				
	Refer to C-402 as it relates to the CAH's ensure patient records included all PT an evaluations and progress notes.	I			
BB321	16.03.14.380.08 Staff Training and Educa	ation BB321	BB321 16.03.14.380.08		
	08. Staff Training and Education. There s evidence of continuing education and traithe staff. (10-14-88)		STAFF TRAINING AND EDUCATION	11June10	
	This Rule is not met as evidenced by: Refer to C-337 for the failure of the CAH's Surgery Services to properly in-service S		BB321 Staff Training and Education	and the second	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED
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NAME OF BROVIDER OR SUBBLIER		STREET ADDR	ESS CITY STATE ZIP CODE		

HARMS MEMORIAL HOSPITAL		510 ROOSEVELT STREET AMERICAN FALLS, ID 83211					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE: (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMA	FULL PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE			
BB321	Continued From page 9 employees.	BB321	Please see documentation for citation C337 on page 69 of 83 on form CMS-2567.				

STATE FORM

C.L. "BUTCH" OTTER - Governor RICHARD M. ARMSTRONG - Director DEBRA RANSOM, R.N.,R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, ID 83720-0036 PHONE 208-334-6626 FAX 208-364-1888

May 24, 2010

Dallas Clinger Harms Memorial Hospital P O Box 420 American Falls, ID 83211 FILE COPY

Provider #131304

Dear Mr. Clinger:

On May 5, 2010, a complaint survey was conducted at Harms Memorial Hospital. The complaint allegations, findings, and conclusions are as follows:

### Complaint #ID00004558

#### ALLEGATION #1:

Patients were not provided informed consent before procedures.

### FINDINGS:

An unannounced complaint survey was conducted on May 3, 2010 through May 6, 2010. Clinical records and facility emergency department/outpatient logs were reviewed. Staff interviews were conducted.

Five records of patients who had outpatient endoscopic procedures were reviewed for evidence of informed consent. All records contained the same verbiage depicting the procedure.

One record, contained a, "AUTHORIZATION FOR AND CONSENT TO SURGERY OR SPECIAL DIAGNOSTIC OR THERAPEUTIC PROCEDURES," that documented the procedure as "Colonoscopy with possible biopsy/polypectomy." The "CONSENT FOR THE

Dallas Clinger May 24, 2010 Page 2 of 3

ADMINISTRATION OF INTRAVENOUS CONSCIOUS SEDATION," signed by the patient and dated May 21, 2008, at 6:35 a.m., documented the patient did,"...acknowledge that my doctor has explained that I will have a diagnostic procedure."

In an interview with the physician, on May 4, 2010, at 8:55 a.m., he confirmed all patients were informed of the purpose, risks, and possible complications of procedures.

The Critical Access Hospital's (CAH) "AUTHORIZATION FOR AND CONSENT TO SURGERY OR SPECIAL DIAGNOSTIC OR THERAPEUTIC PROCEDURES" and "CONSENT FOR THE ADMINISTRATION OF INTRAVENOUS CONSCIOUS SEDATION," were filled out consistently completed and it could not be determined that patients were not informed before procedures were performed.

It could not be determined the CAH failed to provide patients information before having procedures, therefore the allegation was unsubstantiated.

### CONCLUSIONS:

Unsubstantiated. Lack of sufficient evidence.

#### **ALLEGATION #2:**

Patients' grievances were not properly responded to.

### FINDINGS:

An unannounced complaint survey was conducted on May 3, 2010 to May 6, 2010. Hospital policies & procedures and the grievance log was reviewed. Interviews were conducted.

The CAH's grievance log documented five grievances, from January 2008 to May 3, 2010.

In a phone interview conducted on May 4, 2010, at 8:30 a.m., a patient stated that she had written a letter and received a written response from the CEO/Administrator, dated March 5, 2010. The CAH had no documentation of this grievance.

Review of the Policy "COMPLAINT/GRIEVANCE REPORTING AND INVESTIGATION," dated March 22, 2005, documented that once a complaint had been received by the CAH, "The Grievance/Complaint Log will indicate the date and nature of final resolution."

The administrator confirmed in an interview conducted May 4, 2010, at 3:25 p.m., that there was no documentation of this complaint in the Grievance/Complaint Log.

Dallas Clinger May 24, 2010 Page 3 of 3

While the patient's grievance was responded to, a deficiency was cited at 42 CFR Part 485.627(A)Q 241, for the failure of the Governing Body to ensure the CAH had followed the established Complaint/Grievance policy and logged the grievance.

### CONCLUSIONS:

Substantiated. Federal deficiencies related to the allegation are cited.

Based on the findings of the complaint investigation, deficiencies were cited and included on the survey report. No response is necessary to this complaint report, as it was addressed in the Plan of Correction.

If you have questions or concerns regarding our investigation, please contact us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us in the course of our investigation.

Sincerely,

PATRICK HENDRICKSON Health Facility Surveyor

Non-Long Term Care

SLYVIA CRESWELL

Sylva Crexuse V

Co-Supervisor

Non-Long Term Care

PH/sp